

# Holy Family School iPad Claim Form

Please fill out the claim form and submit immediately to school administration. Please refer to the declaration page of the protection plan for coverage information. Coverage is not afforded where any insured has knowingly concealed or misrepresented any material fact or circumstance concerning this protection plan.

1. Student Name:
2. Address:
  
3. Home Phone:
4. Date of Incident: \_\_/ \_\_/ \_\_
5. Time discovered: \_\_\_\_\_ (A.M./P.M.)
6. Discovered by:
7. Location of Incident:
8. If Claiming Vandalism, Fire or Theft, did you notify the police?
  - a. Investigation Officer:
  - b. Case Number:

Describe Damages:

9. Describe in Detail the Circumstances of Your Incident:

The above statement is true and correct to the best of my knowledge.

Signature

Date

*Internal Use Only:*

	Annual Deductible Per Claim*			
	Claim	Damage/Repair Deductible	Claim	Lost/Stolen Deductible
Claim Type: Damage / Theft				
Number of Prior Claims    __ __	1	\$50	1	\$400
Deductible Owed: \$	2	\$100	2	\$400
	3	\$400	3	\$400