



Technology Insurance Company

An AmTrust Financial Company

A Stock Insurance Company

59 Maiden Lane, 6th Floor, New York, NY 10038

MOBILE ELECTRONICS PROTECTION APPLICATION

The coverage you are applying for provides service for repair or replacement to covered scheduled equipment. For any questions please call 800-800-1492 extension 5170

DELL CHROMEBOOK 3180

Coverage Amount

1 Year Coverage

\$189.00

\$25.00

\$0 Deductible

- Theft
Accidental Damage
Fire
Power Surge
Vandalism

Mail Application to: Safeware Insurance Agency
Attn: Anita Kimber
5700 Perimeter Dr Ste E
Dublin OH 43017

You can email application to: sales@safeware.com

Circle the box for your selection

See attached document for specific items covered under each option. Residents of KY add 1.5% state surcharge in addition to the local municipal tax. For Coverage Amounts not listed, call 1-800-800-1492 for Premium Rates

Tell us about your items to be covered: List additional items on next page

Make DELL Model CHROMEBOOK Purchase Date

Serial Number PLEASE COMPLETE

Total Purchase Price of all items \$ 189.00 Amount Charged/Enclosed (See Premium Rates Above) \$

YES! I want to insure my computer with Mobile Electronics Protection. I understand coverage is effective upon Safeware's receipt of my premium payment and my policy will be mailed to me within 2-3 weeks thereafter.

Parent Name

Student Name

Address

City

State

Zip

Home Phone ()

Work/Mobile Phone (circle one) ()

Email Address

Name of School CANASTOTA CENTRAL SCHOOL DISTRICT

Have you had any computer-related losses in the past 3 years? NO YES (If Yes, Please Explain)

How did you hear about us?

CANASTOTA CENTRAL SCHOOL DISTRICT

Primary Use of Equipment

PROOF OF OWNERSHIP - CHECK ALL THAT APPLY *Note: Proof of Ownership required when making a claim RECEIPTS CANCELLED CHECKS OTHER

Check enclosed (payable to [Safeware, The Insurance Agency Inc.]

MasterCard VISA AMEX DISCOVER

Note: Payment of insurance premium by credit card is not permitted in North Carolina.

CARD NUMBER

EXPIRATION DATE M / Y

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties. (Applicable in, AR, HI, , LA, ME, MN, OH, PA, TN, VA)

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insured may be denied insurance benefits if false information materially related to a claim was provided by the applicant. (Applicable in DC.)

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. (Applicable in FL.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable in KY)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. (Applicable in NM)

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (Applicable in WA)

Failure to disclose the existence of an arson conviction when requested upon an insurance application shall be a misdemeanor punishable by a sentence of not more than one year imprisonment. (Applicable in RI)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties. (Applicable in NY)

SIGNATURE

x

To be completed by [Safeware], where applicable:

AGENT NAME
Anita Kimber

LICENSE NUMBER
73220

Rhode Island Residents Only:

Have you been convicted of any degree of the crime of arson within 10 years of the date of this application:

YES

NO

LIST ADDITIONAL ITEMS BELOW: