

## Insurance

TSD has selected a heavy duty iPad case that should never be removed from the iPad. It has a protective outer shell outer cover to resist screen/case related breakage. The district will be providing the insurance coverage for the iPads being assigned to staff. If a staff member chooses to remove the TSD assigned case from the iPad, any coverage within the districts self-insurance procedure is invalidated.

In the event that an iPad is damaged with a cracked screen, damaged case or anything resulting in an estimated repair exceeding \$100, the following is an outline of costs that will be incurred by the staff member.

Occurrences within Year 1-3	Damaged Device Cracked Screen,	Stolen Device	Lost Device
First Occurrence	no charge	\$100	\$100
Second Occurrence	\$50	\$250	\$250
Third Occurrence	Full Replacement \$510	Full Replacement Cost \$510	Full Replacement Cost \$510

In case of stolen a iPad, then a Police Department report must be completed and a signed copy returned to Troy School District TRC for documentation purposes. Upon receipt of the police report, the first occurrence stolen device fee may be waived at the district's discretion.

Staff is responsible for full payment of **intentional** damages to the iPad. The manufacturer's warranty and the district self-insurance does not cover intentional damage of the iPad. Items related to general wear and tear of the equipment through regular use will be covered via the district insurance policy. Item damaged via irresponsible, malicious or intentional use may be billed at the actual repair/replacement cost. This determination will be made by the TSD Technology Department.

Loaner iPads may be issued to staff when they leave their iPads for repair. There may be a delay in getting an iPad should the district not have enough to loan. The determination on whether to issue a loaner device is at the discretion of the TSD staff. Average repair time for a unit takes about 3 days for a physical repair.

Your signature on the reverse of this document and your receipt of the device acknowledges your understanding and agreement to the terms above.

Employee Name\_\_\_\_\_

Employee Signature\_\_\_\_\_

Date\_\_\_\_\_