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| STUCKEY’S ENTERPRISE AND EDUCATION SOLUTION |

TO ALL APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**Applicant** refers individually and collectively to each **Insured** proposed for this insurance. The completed information provided in this **Application** will be used to determine the **Insurance Sought**. **Insurance Sought** refers to the coverage part(s) providing coverage for the insurance coverage applied for by the **Applicant**. **Insurer** shall mean the insurer that issues the policy to the **Applicant** based on this **Application**. All other terms which appear in **Bold** type are used in this **Application** with the same respective meanings as they have in the Portable Electronics Insurance Policy.

Notwithstanding any information provided by this **Application** or any written statement, materials or documents provided in connection herewith and incorporated by reference into this **Application**, any coverage as afforded to the **Applicant**, if given, shall be solely as set forth in the terms, conditions and exclusions of the proposed policy of insurance provided to the **Applicant**, and by no other material.

Before Continuing:

Please complete the General Information, Current Coverage, and Desired Coverage sections below. The additional sections of this **Application** which are required will be determined by the **Applicant’s** responses to the Desired Coverage question within the Insurance section. If available, please also provide the following:

1. Copy of the proof of purchase for all devices, if new.
2. Copy of affidavit signed by business / risk management contact verifying devices are not damaged and in good working condition.
3. Copy of the contract that the employee signs when the product is deployed, if applicable.
4. Excel or csv of all devices, including: date of purchase, manufacturer, model #, serial # or IMEI #.
5. If more space is required to fully answer any question(s), please include a separate sheet(s).



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| GENERAL INFORMATION: |
| Full Name of **Applicant**: |
| Mailing Address: |
| Business Description: |
| **Applicant’s** Web Page(s): |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT INFORMATION | | | | | | | | |
| **Applicant’s** Structure:   |  | | --- | | C-Corp | | S-Corp | | LLC  Partnership | | | | | | | | | |
| **Applicant’s** Total Number of Locations:   |  |  | | --- | --- | | 1 | 6-10 | | 2-5 | Over 10 | | | | | | | | | |
| **Applicant’s** Total Number of Employees:   |  |  |  | | --- | --- | --- | | 0 - 100 | 101 - 250 | 251 - 500 | | Over 500 |  |  | |  |  |  | | | | | | | | | |
| **Applicant’s** Contact/Risk Manager: | | | | | | | | |
| Name: |  |  | |  |  | e-mail: | |
| *Desired Coverage:*  *Check each of the coverage(s) that the* ***Applicant*** *is seeking pursuant to this Application.* | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Lost / Theft | Accidental Damage | Guaranteed Buyback | | Mechanical Malfunction | Electrical Malfunction |  | | | | | | | | | |
| *Please indicate the inception date requested.* | | | | | | | | |
| Requested Inception Date: | | |  | | | | | |
| Requested Deductible:  $0  $50  $75 | | | | | | | | |
| *Types of Devices:*  *Please indicate which types of devices below the* ***Applicant*** *has purchased during the previous 12 months.* | | | | | | | | |
| *Type of Device* | | *Faculty Count* | | *Student*  *Count* | | | *Value of*  *Each* | |
| Tablets | |  | |  | | | $ | |
| Laptops | |  | |  | | | $ | |
| Servers | |  | |  | | | $ | |
| Other: | |  | |  | | | $ | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
| Note: Attach physical or electronic device listing with full list, including date of purchase. | | | | | | | | |
| *Term of Coverage:*  *Please indicate the number of years you seek coverage for the devices. Used devices are only eligible for 1 year term.* | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | 1 Year | 2 Years | 4 Years |  | | | | | | | | | |
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| RISK MANAGEMENT: |
| *Complete this section to show how the Applicant manages and mitigates risk for all electronic devices.* |
| Is there a phase-in period  Yes  No  If yes, explain: |
| Has there been an inspection of devices to verify no damage and in good working order?  Yes  No  If so, by whom? |
| Are users responsible for payment of premium and/or deductible?  Yes  No |
| Are employees responsible for their own device?  Yes  No  If so, describe: |
| Are there device check-in / check-out procedures?  Yes  No  If so, describe: |
| Does the Applicant have a policy for the transportation and storage of units?  Yes  No  If so, describe: |
| Are cases used on all devices?  Yes  No |
| Are screen protectors used on all devices?  Yes  No |
| Does the Applicant use a Mobile Device Management solution (MDM)?  Yes  No  If so, describe: |
| Does the MDM solution include GPS and Device Location Services?  Yes  No |
| Do the devices use a Unique Theft Deterrent (Color, device tag, etc)  Yes  No |
| Has there been continuous insurance / warranty coverage in place since the date of purchase?  Yes  No |
| Has any similar insurance ever been non-renewed?  Yes  No |

FOR THE PURPOSES OF THIS **APPLICATION**, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS **APPLICATION**, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

The undersigned authorized officer of the **Applicant** hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized representative, by and on behalf of the **Applicant**)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_