



MOBILE RHINO APPLICATION

PROTECTING DIGITAL DEVICES IN YOUR CLASSROOM



LOSS



THEFT



ACCIDENTAL
DAMAGE



MECHANICAL
MALFUNCTION



ELECTRICAL
MALFUNCTION



GUARANTEED
BUYBACK

CONTACT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____ Email: _____

TYPE OF SCHOOL OR ORGANIZATION:

- | | | |
|---|---|---|
| <input type="checkbox"/> PRESCHOOL | <input type="checkbox"/> STATE UNIVERSITY | <input type="checkbox"/> TECHNICAL / TRADE SCHOOL |
| <input type="checkbox"/> PUBLIC K-12 | <input type="checkbox"/> BOARDING SCHOOL | <input type="checkbox"/> MILITARY |
| <input type="checkbox"/> PRIVATE K-12 | <input type="checkbox"/> CHARTER SCHOOL | <input type="checkbox"/> SPECIAL EDUCATION |
| <input type="checkbox"/> COMMUNITY COLLEGE | <input type="checkbox"/> MONTESSORI | <input type="checkbox"/> ENTERPRISE |
| <input type="checkbox"/> PRIVATE UNIVERSITY | | |

TYPE OF DEVICES

Tablets: _____ Laptops: _____ Handhelds: _____
New or used device _____ (What percent new vs. used)
Make: _____ Model: _____ # of Units: _____ Value: _____
Make: _____ Model: _____ # of Units: _____ Value: _____
Make: _____ Model: _____ # of Units: _____ Value: _____
• Number deployed to students? _____
• Number deployed to teachers/faculty? _____
• Number deployed in-school use only? _____
• Number deployed allowed to go off premises _____



DEVICE MANAGEMENT



How you manage your device matters. We give premium credits for many things including: mobile device management software, GPS tracking solutions, documented check-in / check-out procedures. Just to name a few.

CURRENT COVERAGE

Existing coverage provider: _____

Existing coverage expiration date: _____

Renewal coverage effective date: _____

Have any claims been made for mobile equipment in the past 5 years ☐ Yes ☐ No

If so, please explain (# of claims, amounts, etc.): _____

Has any similar insurance ever been non-renewed or cancelled _____

DEVICE MANAGEMENT

Is there a phase-in period? ☐ Yes ☐ No If so, 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 students and their parents responsible for their own device? ☐ Yes ☐ No

If so, please describe: _____

Are there device check-in/check-out procedures? _____

Please outline the school/district policy on transportation and storage of units.

Are cases used on all devices? ☐ Yes ☐ No

Do you use a mobile device management solution to manage your devices? ☐ Yes ☐ No

If so, please describe _____

Does your mobile device management solution include GPS? ☐ Yes ☐ No

Has there been continuous insurance / warranty coverage in place since the date of purchase? ☐ Yes ☐ No

COVERAGE OPTIONS



This is where you design the coverage that best fits your needs.
Check any options that you would like to evaluate, it's what we do.

DESIRED COVERAGE:

- ☐ Mechanical Breakdown
- ☐ Accidental Damage
- ☐ Theft
- ☐ Lost/Mysterious Disappearance
- ☐ Standard Perils

COVERAGE TERM

- ☐ 12 Month
- ☐ 24 Month
- ☐ 36 Month
- ☐ 48 Month

DEDUCTIBLE

- ☐ \$0
- ☐ \$25
- ☐ \$50
- ☐ Other

Desired Effective date of coverage _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:

- Copy of the proof of purchase for all devices.
- Copy of affidavit signed by school/district officer verifying devices are not damaged and in good working condition.
- Copy of what the school has the parent / guardian sign when the product is deployed (if applicable).

Notice to New York 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.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the applicant

Date:

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.
A copy of this application should be retained for your records.