



UNITY SCHOOL

EMPOWERING CHILDREN & INSPIRING LEARNING

iPad THEFT/LOST REPORT

I, _____, affirm that:

1. This is my barcode # _____

2. My address is _____

3. Date of Incident: ___/___/___ Location of Incident: _____

Description of Incident: (What happened?) _____

4. Police Department that was notified: _____ Date of police report: _____

Who filed the report: _____ Police report is attached Yes No

5. Do you have secondary property insurance? Yes No

Name of insurance company providing this insurance _____

Have they been notified? Yes No Payment received from secondary insurance? \$ _____

6. If you receive payment from another source, such as another insurance policy, that amount will be deducted from the amount that Unity School will pay toward the loss. By signing, I agree that the above statements are true and correct to the best of my knowledge.

Print name: _____

Signature: _____

Email: _____

Claims Information: Doug Mattocks dmattocks@unityschool.com

IT Department: 561-276-4414 ex. 121

7/2/12 (iPad Form C)

