

**Client:**

<i>Client name (organization/legal entity name)</i> <i>Organization ID: {XXXX}</i> <i>123 Main Street</i> <i>San Francisco, CA 94123</i>	<i>Client Point Contact Name</i> <i>email@sample.com</i> <i>123 Main Street</i> <i>San Francisco, CA 94123</i>
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Program Type: A**Program Period:**

<i>13 months: August 01, 2022 - August 31, 2023</i>

Program Inclusions:

<i>A- Accidental Damage, B- Liquid Damage, C- Mechanical/Electrical Breakdowns, D- Theft</i>
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View all terms: getAKKO.com/group-terms

Items Protected:

Quantity	Item Name/Model	Coverage	Cost per plan	Deductible	Claim Limit(s)
<i>1</i>	<i>iPad</i>	<i>Replacement cost / Agreed value: \$329</i>	<i>\$45</i>	<i>\$0</i>	<i>Unlimited</i>

Total Amount Due:

<i>Coverage paid for on an opt-in basis by student.</i>

Confirmed by:

{AKKO Representative}

Date

To file a claim, follow the procedure provided to you upon registration of your program. Or, you may always also email claims@getAKKO.com and provide your organization's ID and device serial number, or your account administrator's name and email address along with the serial number(s) or unique identifiers of any affected registered item(s).