

**Client:**

<i>Client name (organization/legal entity name)</i> <i>Organization ID: {XXXX}</i>	<i>123 Main Street</i> <i>San Francisco, CA 94103</i>
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Program Type: B**Items Protected:**

Item Types / Categories	Protection Sets	Deductibles	Claim Limit(s)
<i>Personal Electronics</i>	<i>A- Accidental Damage</i> <i>B- Liquid Damage</i> <i>C- Mechanical/Electrical Breakdowns</i>	<i>\$25 for all claims</i>	<i>\$500 per claim</i> <i>\$2,000 per 12 months</i>

See details of coverage inclusions and exclusions here: getAKKO.com/group-terms/

See definition of item categories here: getAKKO.com/item-categories/

Confirmed by:

{AKKO Representative}

Date

To file a claim, follow the procedure provided to you upon registration into this program. Or, you may always also email claims@getAKKO.com and provide your organization's ID listed above and your device serial number(s) or item identifier(s) of any affected eligible item(s).