

**WASHOE COUNTY SCHOOL DISTRICT
EMPLOYEE PERSONAL PROPERTY COVERAGE**

The District's obligation to cover an employee's loss of personal property is subject to the conditions listed below:

1. The personal property must provide essential support to the employee's scope of work as determined by the school Principal and must be listed on the "Declaration Form" required in 2 below, prior to any loss.
2. The Principal must maintain a "Declaration Form" itemizing the employee's personal items and corresponding business use in order to authorize coverage.
3. Personal property "Declaration Forms" must be completed each school semester. Updated forms should be completed as the status of the personal property changes in order for the coverage to be in effect.
4. Items not listed on the "Declaration Form" for the current school semester will be considered as non-business in their use and will not be covered by the District.
5. The District will cover loss of personal items for only the perils listed below:
 - a. Fire
 - b. Lightning
 - c. Explosion
 - d. Windstorm
 - e. Hail
 - f. Smoke
 - g. Vandalism
 - h. Theft
 - i. Water damaged
6. The maximum amount of coverage for any one employee's personal items is \$500 per occurrence.
7. The District's coverage of an employee's personal property applies to property losses not covered by the employee's homeowner or tenant property insurance policy. The District's coverage would also apply towards the employee's deductible under his/her homeowner or tenant property insurance policy up to the \$500 maximum stated in item 6 above. If the employee does not have a homeowner or tenant property insurance policy, items 1 through 6 above would still apply.

**WASHOE COUNTY SCHOOL DISTRICT
EMPLOYEE PERSONAL PROPERTY DECLARATION FORM**

Employee Name: _____

School: _____

<u>Description:</u>	<u>Date of Purchase:</u>	<u>Purchase Price:</u>	<u>Curriculum Use:</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

I affirm that I have read, understand, and agree to the conditions stated on the reverse side of this form.

Employee Signature: _____ Date: _____

Principal's Signature: _____ Date: _____