

Good Student Discount Qualifying Form

Name	Mailing Address (Include Zip Code)		Date (mm/dd/yy)
Co/Plan	Effective Date		Expiration Date
Policy #	Please Indicate		
	<input type="radio"/> New <input type="radio"/> Renewal		
To Be Filled Out By Representative			
Producer	Code	Subcode	Agency Customer ID

Student Information

Name of Student	Please Indicate		Please Indicate		
	<input type="radio"/> Full Time <input type="radio"/> Part Time		<input type="radio"/> Freshman <input type="radio"/> Sophomore <input type="radio"/> Junior <input type="radio"/> Senior		
Name of School	Mailing Address of School				

Good Student/Driver Training

Good Student Certificate (To Be Completed By School Official)	Driver Training Certificate (To Be Completed By Representative)	
<p>The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following:</p> <ul style="list-style-type: none"> <input type="radio"/> ranked among the upper 20% of their class scholastically; or <input type="radio"/> in a school using letter grades, had a grade average of "B" (if the system of letter grading cannot be averaged, no grade shall be below "B"); or <input type="radio"/> had a grade average of at least 3 points on a 4 point scale (or its equivalent); or <input type="radio"/> was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement). 	<p>This is to certify that the student has successfully completed:</p> <p>_____ clock hours of classroom instruction; AND</p> <p>_____ clock hours on the average per student for actual driving experience in the practice driving phase (exclusive of observation time in the car); AND/OR</p> <p>_____ clock hours on the average per student in an approved device which simulates practice driving.</p>	
Date (mm/dd/yy)	Name and Title of School Official	Authorized Signature

Please print and retain a copy for your records.

Fax to: 217 423.3328



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