

**GOOD STUDENT DISCOUNT FORM**

Named Insured		Producer Name:
Mailing Address		Producer Code:
City/State	Zip Code	Policy Number:
		Policy Effective Date:

**Student Information**

Student Name: \_\_\_\_\_

School Class: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

**School Information**

School Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Academic Certification (To be Completed by School Official)**

For the academic period immediately preceding this certification, the student noted above has met one of the following requirements:

\_\_\_\_\_ Is in the upper 20% of his or her class scholastically; **or**

\_\_\_\_\_ Maintains a "B" average or higher, or its equivalent, or if the letter grading system cannot be average then no grade is below a "B"; **or**

\_\_\_\_\_ Maintains a numerical grade point average of "3.0", in a system assigning numerical grade points of 4.0, 3.0, 2.0, and 1.0; **or**

\_\_\_\_\_ Was included on the "Dean's List", "Honor Roll", or comparable list indicating scholastic achievement.

\_\_\_\_\_  
 Date                      Name and Title of School Official                      Signature of School Official

**Academic Certification – Home Schooled Students**

For Home Schooled students, two certification options are available:

\_\_\_\_\_ Attach a standardized form certified by a 3rd party organization showing evidence that one of the above listed qualifications has been satisfied; **or**

\_\_\_\_\_ Attach evidence of the student scoring in the upper 20% on an annual national standardized exam.