

Good Student Discount Verification

Policy Number: _____

Named Insured: _____

Student Name: _____ Date of Birth: _____

High School/College:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

To be completed by the School/College:

- Student is currently enrolled in High School.
- Student is currently enrolled in 12 or more units of study.
- Student is currently enrolled in 8 or more units of a graduate program.

I hereby certify that the above named student was on the "Honor Roll" or "Dean's List" or had a "B" or better average or was in the upper 20% of his/her class during the previous semester.

Signature of School Official: _____

Date: _____ Phone number: _____

Printed Name: _____ Title: _____