

# Application for Good Student Discount

## School official's statement

Please make entries on dotted lines

Named Insured:

Policy Number:

.....|.....

Name of Student:

.....|.....

The premium for Bodily injury and Property Damage Liability, Medical Payments or Personal Injury Protection, Comprehensive and Collision shall be reduced if the student, named above, is classified under any of the youthful operator classifications, provided the student meets the eligibility requirements set forth below.

### Eligibility Requirements:

1. the student owner or operator is at least 16 years of age and is a full-time student in high school, community college, four year college or university, or
2. is a graduate of an accredited community college, four year college or university in the United States or Canada; and
3. the scholastic records for the **immediately preceding school semester or quarter** shows the student either:
  - A. is in the upper 20% of his/her class scholastically; or
  - B. maintains a "B" average, or its equivalent. If the letter grading system cannot be averaged, then no grade can be below "B"; or
  - C. when in a school maintaining a numerical grade, must have at least a 3 in a 4, 3, 2, 1 point system or its equivalent; or
  - D. student is included in a "Dean's List", "Honor Roll" or comparable list indicating scholastic achievement.
  - E. showing a degree has been conferred upon the student from an accredited community college, four year college or university.

<b>School official's statement:</b>	I certify that _____ is a full-time student in this school and fits the category set forth in paragraph (3. A, B, C, D) or meets 3.E. _____ above.
Signature of School Official:	Title:
..... .....	..... .....
Name of School	
..... .....	..... .....
Location of School	Date:
..... .....	..... .....

Agency:

Date:

.....|.....

Signature:

.....|.....