Safety Insurance

APPLICATION FOR GOOD STUDENT DISCOUNT AND STUDENT AWAY AT SCHOOL DISCOUNT

POLICY INFORMATION

POLICY NUMBER: _____ POLICYHOLDER NAME: _____

DISCOUNT REQUESTED

____ GOOD STUDENT DISCOUNT ____ STUDENT AWAY AT SCHOOL DISCOUNT

POLICYHOLDER QUESTIONNAIRE

NAME OF STUDENT: _____

TYPE OF SCHOOL: (HIGH SCHOOL / COLLEGE / OTHER _____)

YEAR: (FRESHMAN / SOPHOMORE / JUNIOR / SENIOR / OTHER _____)

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

ADDRESS WHERE VEHICLE WILL BE KEPT DURING SCHOOL YEAR: _____

STUDENT RESIDENTIAL ADDRESS DURING SCHOOL YEAR: _____

STUDENT HAS REGULAR ACCESS TO VEHICLE DURING SCHOOL YEAR: (YES / NO)

_____ PRINT NAME _____ POLICYHOLDER SIGNATURE _____ DATE

CERTIFICATION BY SCHOOL OFFICIAL

The scholastic records for the immediately preceding semester, quarter or other grading period show that the student listed above has attained one or more of the following:

☐ Ranked among the upper 20% of their class scholastically, or

☐ In schools using letter grades, had a grade average of "B" or its equivalent or, if the system of letter grading cannot be averaged, no grade shall be below "B", or

☐ In schools using numerical grade points, such as 4, 3, 2 and 1 points, had an average of at least 3 points for all subjects combined, or

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

_____ NAME AND TITLE OF SCHOOL OFFICIAL _____ SIGNATURE _____ DATE