Allied Insurance

a member of Nationwide Insurance

Good Student Certificate

This is to certify that

_____ _____ _____ _____
Name of Student   Male   Female   Date of Birth (Mo-Day-Yr)

1. Is enrolled as a full time student in

☐ High School _____
                                    Enter Name and Address

☐ College or University _____
                                    Enter Name and Address (City and State)

has attained the rank of _____
                                    Enter Freshman, Sophomore, Junior, Senior or Other Rank (Explain "Other")

2. The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following:

☐ ranked among the upper 20% of his/her class scholastically; or

☐ in a school using letter grades, has a grade average of "B" (if the system of letter grading cannot be averaged, no grade shall be below "B"); or

☐ had a grade average of at least 3 points on a 4 point scale (or its equivalent); or

☐ was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).

Date: _____ Signed by: _____ _____
                                                    (School Official's Signature)   (Title)

I hereby grant permission for the above information to be released.

_____   _____
Date   Signature of Student

_____   _____
Date   Signature of Student

GOOD STUDENT CREDIT APPLICATION

Application is hereby made for a reduced rate, as the student named in the above Certificate:

1. is an operator of an automobile insured under the policy identified below (or, if a policy of insurance is not in effect, of an automobile for which application for insurance is being submitted), and

2. ☐ is under 25* years of age, and

3. is certified as a "Good Student" as indicated in the above Certificate.

It is understood that to become eligible for a reduced rate, a "Good Student Certificate" must be completed and signed by a school official for each qualifying student.

*Females under age 25 are eligible only when they are rated as youthful operators.

_____
Signature of Applicant For Insurance or Agent

_____
Address of Applicant For Insurance

_____ _____
Name of Insurance Company   Policy Number

207 (09-02) 00   Name and Address of Agency