



GOOD STUDENT / DRIVER TRAINING

DATE (MM/DD/YYYY)

AGENCY		CARRIER		DATE (MM/DD/YYYY)	
CONTACT NAME:		INSURED'S NAME AND MAILING ADDRESS (INCLUDE ZIP CODE)		NAIC CODE	
PHONE (A/C, No., Ext.):		POLICY NUMBER			
FAX (A/C, No.):		PLAN		NEW	EFFECTIVE DATE
E-MAIL ADDRESS:		SUBCODE:		RENEW	EXPIRATION DATE
AGENCY CUSTOMER ID:					

STUDENT INFORMATION

NAME OF STUDENT _____

FRESHMAN
 SOPHOMORE
 JUNIOR
 SENIOR

NAME AND ADDRESS OF SCHOOL _____

GOOD STUDENT CERTIFICATE **TO BE COMPLETED BY SCHOOL OFFICIAL**

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 their class scholastically; or

in a school using letter grades, had 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).

DRIVER TRAINING CERTIFICATE **TO BE COMPLETED BY REPRESENTATIVE**

This is to certify that the student has successfully completed:

_____ clock hours of classroom instruction; AND

_____ clock hours on the average per student for actual driving experience in the practice driving phase (exclusive of observation time in the car); AND/OR

_____ clock hours on the average per student in an approved device which simulates practice driving.

NAME OF SCHOOL OFFICIAL / REPRESENTATIVE	TITLE	AUTHORIZED SIGNATURE	DATE (MM/DD/YYYY)
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