I'm Interactive

RESET

Commerce Insurance, 211 Main Street, Webster, Massachusetts 01570 (508) 943-9000

GOOD STUDENT DISCOUNT FORM

Named Insured	Producer Name:
Mailing Address	Producer Code:
City/State Zip Code	Policy Effective Date:

Student Information

Student Name: _____

School Class: Freshman _____ Sophomore _____ Junior _____ Senior _____

School Information

School Name and Address: _____

_____

_____

Academic Certification (To be Completed by School Official)

For the academic period immediately preceding this certification, the student noted above has met one of the following requirements:

_____ Is in the upper 20% of his or her class scholastically; **or**

_____ Maintains a "B" average or higher, or its equivalent, or if the letter grading system cannot be average then no grade is below a "B"; **or**

_____ Maintains a numerical grade point average or "3.0", in a system assigning numerical grade points of 4.0, 3.0, 2.0, and 1.0; **or**

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

_____ _____ _____

Date Name and Title of School Official Signature of School Official

Academic Certification – Home Schooled Students

For Home Schooled students, two certification options are available:

_____ Attach a standardized form certified by a 3rd party organization showing evidence that one of the above listed qualifications has been satisfied; **or**

_____ Attach evidence of the student scoring in the upper 20% on an annual national standardized exam.