

Application for Good Student Discount



Policyholder Name
Address
Name of Good Student Applicant
Policy Number

This is to certify that the above named student is a Rate Class 17, 18, 20, 21, 25 or 26, enrolled as a full-time student and has attained the rank of:

Freshman Sophomore Junior Senior*

Other (explain)

High School <i>Name and Address</i>
College or University <i>Name and Address</i>

*If a senior, will student continue to attend school full time after graduation? **Yes** **No**

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

Ranked in the upper 20 percent of the 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 three points on a four-point scale (may use average of last two semesters); or

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

Required signature and title of school official _____ **Date** _____

Please fax this completed form to 866-933-5267, Attn: MAIP, or mail it to the address below:

Attn: MAIP, Amica Scan Center, P.O. Box 6800, Providence, RI 02940-6800