




GOOD STUDENT / DRIVER TRAINING

DATE (MM/DD/YYYY)

AGENCY  Associated Underwriters 9412 Giles Road La Vista, NE 68128 Phone: 402.592.0900 Fax: 402.592.0962	CARRIER		NAIC CODE		
	INSURED'S NAME AND MAILING ADDRESS (INCLUDE ZIP CODE)				
CONTACT NAME:		POLICY NUMBER			
PHONE (A/C. No. Ext):		PLAN	NEW	EFFECTIVE DATE	EXPIRATION DATE
FAX (A/C. No.):			RENEW		
E-MAIL ADDRESS:		AGENCY CUSTOMER ID:			
CODE:	SUBCODE:				

STUDENT INFORMATION

NAME OF STUDENT	<input type="checkbox"/> FRESHMAN	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR	NAME AND ADDRESS OF SCHOOL
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME				

GOOD STUDENT CERTIFICATE

DRIVER TRAINING CERTIFICATE

TO BE COMPLETED BY SCHOOL OFFICIAL		TO BE COMPLETED BY REPRESENTATIVE	
The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following: <input type="checkbox"/> ranked among the upper 20% of their class scholastically; or <input type="checkbox"/> 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 <input type="checkbox"/> had a grade average of at least 3 points on a 4 point scale (or its equivalent); or <input type="checkbox"/> was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).		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)