

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

GOOD STUDENT DISCOUNT FORM

Named Insured		Producer Name:
Mailing Address	F	Producer Code:
City/State Zi	p Code F	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 immediate following requirements:	ly preceding this certif	fication, the student noted above has met one of the
Is in the upper 20% of his or her class scholastically; or		
Maintains a "B" average or high no grade is below a "B"; or	gher, or its equivalent,	or if the letter grading system cannot be average then
Maintains a numerical grade 3.0, 2.0, and 1.0; or	point average of "3.0",	in a system assigning numerical grade points of 4.0,
Was included on the "Dean's List", "Honor Roll", or comparable list indicating scholastic achievement.		
Date Name and Title of Scho	ool Official	Signature of School Official
Academic Certification – Home Sc	hooled 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.		