



Good Student Certification Form

Company: BALBOA INSURANCE COMPANY	Effective Date of Policy:
Policy #:	

Name and Mailing Address of Insured:	Name and Mailing Address of School:	
Student Information		
Name of Student:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

Good Student Certificate		
To be Completed by School Official		
<p>The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following:</p> <p><input type="checkbox"/> Ranked among the upper 20% of their class scholastically; or</p> <p><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</p> <p><input type="checkbox"/> Had a grade average of at least 3 points on a 4 point scale (or its equivalent); or</p> <p><input type="checkbox"/> Was included in "Deans List" or "Honor Roll" (or other comparable list for scholastic achievement).</p> <p><input type="checkbox"/> Has graduated from a four-year college or university having maintained one of the prior qualifications for the last two years.</p>		
Date (MM/DD/YY)	Name and Title of School Official	Authorized Signature

Failure to provide proper proof will result in removal of the Good Student Discount from the policy.

For your convenience, you can fax this document to 866 812-1440.