



# GOOD STUDENT / DRIVER TRAINING

DATE (MM/DD/YYYY)

AGENCY R. F. D'Agostino Insurance Agy 478 Torrey St Brockton, MA 02301		CARRIER		NAIC CODE
CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL ADDRESS:		INSURED'S NAME AND MAILING ADDRESS (INCLUDE ZIP CODE)		
CODE:		SUBCODE:		POLICY NUMBER
AGENCY CUSTOMER ID: 1642		PLAN	NEW RENEW	EFFECTIVE DATE    EXPIRATION DATE

## STUDENT INFORMATION

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

## GOOD STUDENT CERTIFICATE

### TO BE COMPLETED BY SCHOOL OFFICIAL

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

- ranked among the upper 20% of their 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 3 points on a 4 point scale (or its equivalent); or
- was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).

## DRIVER TRAINING CERTIFICATE

### TO BE COMPLETED BY REPRESENTATIVE

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)
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