

**MICHIGAN
REQUEST FOR GOOD STUDENT DISCOUNT**

Name of Policyholder _____ Policy Number _____

Address _____

Name of Agency _____ Agent Code _____

A Good Student Discount is available to student operators. The student operator must meet the scholastic and driving record requirements shown below.

Applicant's Statement

The operator requesting the Discount is a full time Student. Student name and birth date is as follows:

Student Name _____ Date of Birth _____

List all moving violation convictions and at-fault accidents and the date of each for the last three years.

Subject to certification by a school official, I hereby apply for the Good Student Discount.

Policyholder's Signature _____ Date _____

School Official's Statement

This is to certify that:

1. The above named student is enrolled as a full time student and is currently attending:

High School Name of School _____

Address _____

Year: Junior Senior Other (explain) _____

College or University Name of School _____

Address _____

Vocation or
Technical School Name of School _____

Address _____

2. The cumulative scholastic record up to and including the immediately preceding semester (or comparable period) shows that this student has attained one or more of the following:

Is ranked among the upper 20% of the class scholastically;

In a school using letter grades, had a cumulative grade average of "B". (If the system of letter grading cannot be averaged, no grade shall be below "B");

In a school using number grades, had a cumulative grade average of at least 3 points for all subjects combined on a 4 point scale (or its equivalent).

Signature of School Official _____ Date _____

Title of School Official _____