

CERTIFICATION FOR GOOD STUDENT DISCOUNT FOR AUTOMOBILE INSURANCE

To request a Good Student Discount please attach to the Application or Change of Policy Request either:

- 1. A photocopy of the report card for the immediate preceding school semester or quarter; or
- 2. The certification form below completed by a school official.

TO: GuideOne Insurance			
1111 Ashworth Road			
West Des Moines, Iowa 5	0265-3538		
Discount applies to:			
Policy Nu	mber N	lamed Insured	
,			
I hereby certify:			
Student's Name	Date of Birth	Year in School	
is a full-time student at	_		
Name of high school or college			
City	State	Zip	
and his or her scholastic record for the immediate preceding school semester or quarter (or comparable segment) is			
one or more of the following:			
Ranked among the upper 20% of his or her class scholastically			
or			
Has a grade average of "B" or its equivalent			
or • • • • • • • • • • • • • • • • • • •			
A numerical grade point average of "3.0" in all combined subjects $(4 = A, 3 = B, 2 = C, 1 = D)$			
(4-7,6-2,2-3,1-2)			
Was included on a "Dean's List," "Honor Roll," or comparable list.			
School Official's Signature (NO	Title	Date	