

Policy No. _____

- THE CINCINNATI INSURANCE COMPANY**
- THE CINCINNATI CASUALTY COMPANY**
- THE CINCINNATI INDEMNITY COMPANY**

GOOD STUDENT CERTIFICATE

THIS IS TO CERTIFY THAT

Name of Student	Male	Female	Date of Birth
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1. Is enrolled as a full-time student in

_____ High School _____
Enter Name and Address

_____ College or University _____
Enter Name and Address

and has attained the rank of: _____
Enter Freshman, Sophomore, Junior, Senior, or

_____ other rank (explain "other")

2. 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 his 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).

Date: _____ Signed By: _____
School Official's Signature Title

GOOD STUDENT APPLICATION

Application is hereby made for a reduced rate, as the student named in the above Certificate:

1. is an operator of an automobile insured under the policy identified below (or, if a policy of insurance is not in effect, of an automobile for which application for insurance is being submitted), and
2. is an operator, male or female under 25 years of age,
3. is certified as a "Good Student" as indicated in the above Certificate.

It is understood that, to become eligible for a reduced rate, a "Good Student Certificate" must be completed and signed by a school official for each qualifying student.

_____ Date _____
Agent's Signature

Agency Name

Agency Code Number