Good Student Credit Application

This is to certify that

NAME OF STUDENT _____ MALE ☐ FEMALE ☐ DATE OF BIRTH (MO-DAY-YR) _____

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/her class scholastically;

   ☐ 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");

   ☐ had a grade average of at least 3 points on a 4 point scale (or its equivalent); and/or

   ☐ was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).

School Official's Signature & Title _____ Applicant's Signature _____

Date of Certification _____ Applicant's Address _____

Policy No. _____ **Insured's Name** _____

Agent's Name and Number _____ # _____

Agent's Address _____

UNITED OHIO INSURANCE COMPANY
1725 Hopley Avenue, P.O. Box 111
Bucyrus, Ohio 44820-0111