



# GOOD STUDENT / DRIVER TRAINING

DATE (MM/DD/YYYY)

AGENCY <b>Robert H. Pike Insurance Agy, Inc.</b> <b>PO Box 360</b> <b>480 Adams Street</b> <b>Milton, MA 02186</b>		CARRIER		NAIC CODE
CONTACT NAME:		INSURED'S NAME AND MAILING ADDRESS (INCLUDE ZIP CODE)		
PHONE (A/C, No, Ext): <b>617-698-7850</b>				
FAX (A/C, No): <b>617-698-5559</b>				
E-MAIL ADDRESS:				
CODE:		SUBCODE:		POLICY NUMBER
AGENCY CUSTOMER ID:		PLAN	NEW RENEW	EFFECTIVE DATE EXPIRATION DATE

## STUDENT INFORMATION

NAME OF STUDENT	FULL TIME	NAME AND ADDRESS OF SCHOOL	
	PART TIME		
FRESHMAN	SOPHOMORE	JUNIOR	SENIOR

## GOOD STUDENT CERTIFICATE

## DRIVER TRAINING CERTIFICATE

TO BE COMPLETED BY SCHOOL OFFICIAL		TO BE COMPLETED BY REPRESENTATIVE	
<p>The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following:</p> <p>ranked among the upper 20% of their class scholastically; or</p> <p>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</p> <p>had a grade average of at least 3 points on a 4 point scale (or its equivalent); or</p> <p>was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).</p>		<p>This is to certify that the student has successfully completed:</p> <p>_____ clock hours of classroom instruction; AND</p> <p>_____ clock hours on the average per student for actual driving experience in the practice observation time in the car); AND/OR</p> <p>_____ clock hours on the average per student in an approved device which simulates practice driving.</p>	
NAME OF SCHOOL OFFICIAL / REPRESENTATIVE	TITLE	AUTHORIZED SIGNATURE	DATE (MM/DD/YYYY)

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