

GOOD STUDENT / DRIVER TRAINING CERTIFICATE

Producer:
Paquin & Carroll Insurance
P. O. Box 356
260 Main Street
Biddeford, ME 04005

Insured:
Name of Insured (see policy):
Address:
City, State, ZIP

Code:

Insurance Company:
Policy Number:

Effective Date:

STUDENT INFORMATION:

Name of Student: _____ Full/Part Time: _____ Year in School: _____
Name and Address of School: _____

GOOD STUDENT CERTIFICATE

To be completed by School Official:

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 their 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).

DRIVER TRAINING CERTIFICATE

To be completed by Representative

This is to certify that the student has successfully completed:

___ clock hours of classroom instruction; AND

___ clock hours on the average per student for actual driving experience in the practice driving phase (exclusive of observation time in the car); AND/OR

___ clock hours on the average per student in an approved device which simulates practice driving

Date: _____ Title of School Official or Driving Instructor: _____

Signature: _____