



GOOD STUDENT / DRIVER TRAINING

DATE (MM/DD/YYYY)

AGENCY Horak Insurance 115 E. Washington Street Washington IA 52353		CARRIER		NAIC CODE
CONTACT NAME:		INSURED'S NAME AND MAILING ADDRESS (INCLUDE ZIP CODE)		
PHONE (A/C. No., Ext): (319) 653-2116		POLICY NUMBER		
FAX (A/C. No.): (888) 361-7576		PLAN		
E-MAIL ADDRESS:		<input type="checkbox"/> NEW	EFFECTIVE DATE	EXPIRATION DATE
CODE:	SUBCODE:	<input type="checkbox"/> RENEW		
AGENCY CUSTOMER ID:				

STUDENT INFORMATION

NAME OF STUDENT		FULL TIME	NAME AND ADDRESS OF SCHOOL
		PART TIME	
<input type="checkbox"/> FRESHMAN	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> 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> <input type="checkbox"/> ranked among the upper 20% of their class scholastically; or <input type="checkbox"/> 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 <input type="checkbox"/> had a grade average of at least 3 points on a 4 point scale (or its equivalent); or <input type="checkbox"/> was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).		<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 driving phase (exclusive of 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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