



# Motor Club Insurance Company



## Good Student Certification Form

INSURED NAME		POLICY NUMBER
STUDENT NAME	SCHOOL NAME	
SCHOOL ADDRESS		

### INFORMATION BELOW MUST BE COMPLETED BY A SCHOOL OFFICIAL

This is to certify that both of the following apply to the student listed above:

The individual is a full-time student of a high school, college or university - minimum of 12 units per school term, semester or quarter AND

The individual has a current grade point average of at least 3.0 for the most recent school term, semester, quarter or comparable period.

OFFICIAL'S NAME	OFFICIAL'S TITLE	
SIGNATURE	DATE	PHONE NUMBER

### INSURED/APPLICANT: PLEASE RETURN COMPLETED FORM TO THE ADDRESS BELOW.

MOTOR CLUB RETURN ADDRESS:

INTERINSURANCE EXCHANGE OF THE AUTOMOBILE CLUB  
INSURANCE PROCESSING: A229  
P.O.BOX 25103  
SANTA ANA, CA 92799-5103

UNDERWRITING USE ONLY	VERIFIED BY	DATE	PERSON CONTACTED
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