

**ACORD™ GOOD STUDENT/DRIVER TRAINING**

DATE

/ /

PRODUCER KONIKOWSKI INS AGENCY INC PO BOX 3337  WALLINGTON NJ 07057-		NAME AND MAILING ADDRESS (INCLUDE ZIP CODE)		
CODE:	SUBCODE:	CO/PLAN	EFFECTIVE DATE / /	EXPIRATION DATE / /
AGENCY CUSTOMER ID		POLICY #:	NEW	RENEWAL

**STUDENT INFORMATION**

NAME OF STUDENT	<input type="checkbox"/> FULL TIME	NAME AND ADDRESS OF SCHOOL
	<input type="checkbox"/> 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
The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> ranked among the upper 20% of their class scholastically; or</li> <li><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</li> <li><input type="checkbox"/> had a grade average of at least 3 points on a 4 point scale (or its equivalent); or</li> <li><input type="checkbox"/> was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).</li> </ul>		This is to certify that the student has successfully completed: <ul style="list-style-type: none"> <li>_____ clock hours of classroom instruction; AND</li> <li>_____ 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</li> <li>_____ clock hours on the average per student in an approved device which simulates practice driving.</li> </ul>
DATE(MM/DD/YY) / /	NAME AND TITLE OF SCHOOL OFFICIAL	AUTHORIZED SIGNATURE