

ALLSTATE INSURANCE COMPANY
GOOD STUDENT DISCOUNT CERTIFICATE

I CERTIFY THAT _____
 Name of Student
 M F Date of Birth
 (MO/DAY/YR)
 Must be under age 25

Is enrolled as a **full-time** student in one of the following:

High School: _____
 School Name Address

College/University: _____
 School Name Address

OR

Attended a college or university on a full-time basis for at least two consecutive years and had a cumulative college scholastic record upon termination or graduation that meets one or more of the requirements listed below. (All applicants who meet this requirement should provide the signature of a school official on this form or attach a copy of a school transcript to show sufficient proof of meeting one or more of the requirements listed below.)

The scholastic records for the immediately preceding quarter, semester, or comparable segment, or the cumulative scholastic record from the school furnishing this statement, must show that this student has attained one or more of the following:

- ranked among the upper 20% of his/her class scholastically; or
- in a school using letter grades, had a grade average of B (or equivalent); or
- had a grade average of at least 3 points on a 4-point scale (or its equivalent); or
- was on the Dean's List or Honor Roll (or other comparable list for scholastic achievement).

 Signature of School Official Date

 TITLE

I, _____
 Student's full name (please print) CERTIFY that I meet
 the above requirements.

 Student's Signature Date

 Policyholder Name (Please Print) Policy Number

X5121-1

