

FARMERS MUTUAL INSURANCE COMPANY OF NEBRASKA

LINCOLN. NEBRASKA

GOOD STUDENT CERTIFICATION

Date: _____

Policy Number: _____ Policyholder: _____

Name of Student: _____

Name of School: _____

Address of School: _____
City State Zip

This section is to be completed by a school official.

The undersigned certifies that the student named above is a full time student, or college graduate, and during the immediately preceding semester (or comparable period) attained one or more of the following:

- () is in the upper 20% of his or her class scholastically; or
- () maintained a "B" average, or its equivalent (if the letter grading system cannot be average, he or she had no grade below a "B"); or
- () maintained a cumulative numerical grade of at least a 3 in a 4-point grading system, or its equivalent; or
- () is on the "dean's list", "honor roll" or comparable list indicating scholastic achievement.

School Official: _____
Name Title

Date Signed: _____

Agent: _____



AU 35-1109