ARBELLA™

MUTUAL INSURANCE COMPANY

ARBELLA MUTUAL INSURANCE COMPANY MILITARY AWAY, STUDENT AWAY AT SCHOOL, OR GOOD STUDENT DISCOUNT FORM

This information will be used only for automobile insurance purposes. It is important that all questions be answered completely in order for us to be able to continue to provide this discount. Your failure to provide the information requested may affect your eligibility for the discount.

ISSUED BY: **ARBELLA MUTUAL INSURANCE CO.**

Please return by:_____

NAME AND ADDRESS OF INSURED:

Policy Number: _____

Producer: Producer Number:

Your expiring policy previously qualified for one of the following discounts. Please complete and return this form to your agent to determine if you qualify for the discount on your renewal term.

Military Away - in order to qualify for this discount, does this policy cover a military person deployed on active military duty over 100 miles from home? ☐ Yes ☐ No

Driver's Name_____

Student Away - in order to qualify for this discount, does this policy cover a full time student living more than 100 miles from home without a vehicle at school?

☐ Yes ☐ No

Driver's Name_____ School Name/City/State_____

Good Student – in order to qualify for this discount, does this policy cover a full time student in the upper 20% of their class OR maintains a minimum of "B" or higher OR grade point average 3.0 on a 4-point numeric scale OR on Dean's list or Honor Roll? (Attach Report Card) ☐ Yes ☐ No

Driver's Name_____

The information provided is accurate and complete. Please complete and return this form to your agent.

_____ _____

Signature of Name Insured Date