



**ARBELLA MUTUAL INSURANCE COMPANY
STUDENT AWAY AT SCHOOL 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:

In order to verify the Student Away at School Discount on your automobile insurance policy, please complete and return this form to your agent.

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 _____

The information provided is accurate and complete.

Signature of Name Insured

Date