Date: [Current Date]

Policy Number: [Policy Number]
Insured Name: [Policyholder Name]
Student Name: [Student Name]

Dear [Policyholder Name],

Subject: Action Required - Semester Grade Verification for Good Student Discount

Your auto insurance policy is approaching its renewal date on [Renewal Date]. To ensure that you continue receiving the "Good Student Discount" on your premium, we require updated proof of academic standing for [Student Name].

Please provide a copy of the most recent semester grade report or an official transcript. To qualify for this discount, the student must meet one of the following criteria:

- A grade point average (GPA) of 3.0 (B) or higher.
- Placement on the Dean's List or Honor Roll.
- Ranked in the upper 20% of the class.

Please submit the required documentation by [Due Date] via one of the following methods:

- Email: [Email Address]
- Fax: [Fax Number]
- Mail: [Mailing Address]

If we do not receive verification by the date requested, the Good Student Discount will be removed from the upcoming renewal, which may result in an increase in your policy premium.

If you have any questions, please contact our customer service department at [Phone Number].

Sincerely,

[Agent/Company Name]
[Contact Information]