



333 Earle Ovington Blvd. Suite 215
 Uniondale, NY 11553
 Phone: (516) 944-2823

To Be Completed by Subscriber for Dependent Certification

First Name / Last Name of Student _____ Students Date of Birth _____

Dependent Marital Status (must be completed): Single Married

Attending: _____

Name of College, Accredited Institute or Trade, etc.

Student Enrolled: Full Time Part Time Post Graduate

Please indicate which school semester and complete the number of credits.
 Must be 12 credits minimum.

- Spring** _____ Credits (required) _____
- Fall** _____ Credits (required) _____

Anticipated Date of Graduation _____
 _____ Month _____ Year

To Be Completed by Parent: Please print your information below.

Subscribing Parent Name:	
Mailing Address:	
Subscribing Parent Employer:	
Subscribing Parent Soc Sec#	# xxx - xx - _____ Last 4 Digits
Contact Phone Number:	
E-Mail Address:	

Subscribers Signature (must be signed to validate) _____

Date Signed _____

Please return this form to:

Brown & Brown of New York Inc. dba Fitzharris & Company