Brown & Brown of New York Inc. dba

FITZHARRIS & COMPANY, INC.

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**

Credits this Semester: _____ **(must be completed to validate)**

**Please Note: Clock hours are calculated by every 48 hours = 3 credits **

School Semester _____

Month **Year**

Anticipated Date of Graduation _____

Month **Year**

To Be Completed by Parent

Subscribing Parent Name:	
Mailing Address:	
Subscribing Parent Employer:	
Subscribing Parent Social Security#	# _____ - _____ - _____
Effective Date of Insurance:	

_____

Date Signed by Subscriber (must be signed to be validated)

PLEASE RETURN THIS FORM TO:

Brown & Brown of New York Inc. dba

Fitzharris & Company Inc.

PO Box 9182

Farmingdale, NY 11735

Phone: (516) 777-4800 or Fax: (516) 777-5777