

Brown & Brown of New York Inc. dba Fitzharris & Company 333 Earle Ovington Blvd Suite 215 Uniondale, NY 11553 Phone: (516) 777-4800

To Be Completed by Subscriber for Dependent Certification

First Name / Last Name of Student	Students Date of Birth
Dependent Marital Status (<u>must be</u>	completed): 🗆 Single 🗆 Married
Attending: Name of College, Accr	edited Institute or Trade, etc.
Student Enrolled: 🛛 <u>Full Time</u>	□ <u>Part Time</u> □ <u>Post Graduate</u>
Please indicate which school so	emester and complete the number of credits.

Must be 12 credits minimum.

□ Fall Year Credits (required) Year Credits (required) Year Credits (required)	Anticipated Date	of Graduation	Month	Year	
		Year	Credits (required)		
\Box Spring $\overline{\Box_{n-1}}$	1 0	Year	Credits (required)		

<u>To Be Completed by Parent</u>: *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 333 Earle Ovington Blvd. Suite 215 Uniondale, NY 11553 Phone: (516) 777-4800 ~ or ~ Fax: (516) 944-2953