



Education Discount Verification

Individual applying for Education Discount:

☐ Name of College: _____

☐ College City and State: _____

☐ Year of Graduation: _____

☐ Type of Degree: _____

☐ Social Security #: _____

☐ Maiden name: _____

I hereby authorize OneBeacon Insurance Group and/or its agents to make an independent investigation of my education records including but not limited to the information noted above, as maintained by both public and private organizations. This investigation may be conducted for the purpose of verifying my eligibility for the Education Discount, for which I have applied.

I release OneBeacon Insurance Group and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regard to the information obtained from the above referenced sources used.

I have read this consent and agree to the terms and conditions contained within.

☐ Signature: _____
Individual applying for discount

Date: _____

Name of policyholder: _____

Policy Number: _____

Agent: _____