Brown & Brown of New York Inc.
dba Fitzharris & Company
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** _____ _____
Year Credits (required)

☐ **Fall** _____ _____
Year 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
333 Earle Ovington Blvd. Suite 215 Uniondale, NY 11553
Phone: (516) 944-2823 ~ or ~ Fax: (516) 944-2953