

## ANNUAL MILEAGE DISCOUNT FORM

This form will be used only for automobile insurance purposes. It is extremely important that all questions be answered completely and returned to the company in the envelope provided. Your failure to provide the information requested may affect your eligibility for any discount or may result in the cancellation of your Policy.

Please return by \_\_\_\_\_

NAME AND ADDRESS OF INSURED:

Policy Number

In order to verify the Annual Mileage Discount on your automobile insurance policy, please complete and return this form.

	<u>Auto 1</u>	<u>Auto 2</u>
Year and Make of auto	_____	_____
Vehicle Identification Number	_____	_____
Current odometer reading	_____	_____
Estimate the amount of miles the auto will be driven in the next twelve (12) months	_____	_____
If the auto is used to commute all or part of the way to work or school, indicate:	_____	_____
• number of miles one way	_____	_____
• number of days per week driven to work or school	_____	_____
• city or town where auto is parked during work or school hours	_____	_____
Is the auto used in your business or occupation?	_____	_____

*I hereby certify that the information provided on this form is accurate and complete.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed