



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 your agent or company representative. Your failure to provide the information requested may affect your eligibility for any discount or may result in the cancellation of your policy.

ISSUED BY: ARBELLA MUTUAL INSURANCE CO. Please return by _____

NAME AND ADDRESS OF INSURED: Policy Number: _____

Producer: _____ Producer No: _____

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> | <u>Auto 3</u> | <u>Auto 4</u> |
|--|---------------|---------------|---------------|---------------|
| Year and Make of auto | _____ | _____ | _____ | _____ |
| Vehicle Identification Number | _____ | _____ | _____ | _____ |
| Current odometer reading | _____ | _____ | _____ | _____ |
| Report the number of miles the auto was driven in the past twelve (12) months | _____ | _____ | _____ | _____ |
| If the auto is used to commute all or part of the way to work or school, indicate: | | | | |
| • number of days per month | _____ | _____ | _____ | _____ |
| • number of miles one way | _____ | _____ | _____ | _____ |
| • address where auto is parked during work or school hours | _____ | _____ | _____ | _____ |
| Is the auto used in your business or occupation? | _____ | _____ | _____ | _____ |

The information provided is accurate and complete.

Signature

Date Completed