



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: _____

Please return by: _____

Name and Address of Insured

Policy Number: _____

Producer Code: _____

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

Auto 1

Auto 2

Year and Make of auto _____

Vehicle Identification Number _____

Current odometer reading _____

Report the amount 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 _____

* 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 on this form is accurate and complete.

Insured's Signature

Date Completed