



# 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 a 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.

insurance company issued by: \_\_\_\_\_

insured name: \_\_\_\_\_

insured address: \_\_\_\_\_

policy number: \_\_\_\_\_

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

	auto 1	auto 2	auto 3
year & 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 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 \_\_\_\_\_