

ANNUAL MILEAGE DISCOUNT FORM

Issued By:

Please return by:

NAME AND ADDRESS OF INSURED:

Policy Number:

Producer: Producer No.:

Thank you for placing your automobile insurance policy through your independent agent. We are unable to confirm actual miles driven in the past twelve months for the vehicle(s) listed. Please answer the questions below so we may determine if you are eligible for our annual mileage discount. Return the completed form to your agent. Failure to provide the information requested may affect your eligibility for a discount.

	<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	_____	_____	_____	_____
Number of miles auto was driven In the past twelve (12) months	_____	_____	_____	_____

The information provided is accurate and complete.

Signature

Date Completed

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly gives us false, deceptive, misleading or incomplete information on this form and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy.