

## **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:			
Name and Address of Insured:		Policy Number:	
In order to verify the Annual Mileage D this form.	discount on your automobil	e insurance policy, please complete a	nd return
	Auto 1	Auto 2	
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			
<ul> <li>city or town where auto is parked during work or school hours</li> </ul>			
Is the auto used in your business or occupation?			
I hereby certify that the information pro	ovided on this form is accu	rate and complete.	
Insured's Signature		Date Completed	

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