



**Safety Insurance**

**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:]

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