

**ANNUAL MILEAGE FORM**  
**Request for Information**

This form will be used only for automobile insurance purposes. In order to verify annual mileage, please complete and return this form by mail or fax to:

**Policy #:**  
**Insured:**

**Agent Name:**  
**Phone Number:**

	<b>Vehicle 1</b>	<b>Vehicle 2</b>
Registration Number (Plate)		
Year, Make and Model		
Vehicle Identification Number (VIN)		
Current Odometer Reading (as of date form is signed)		

	<b>Vehicle 3</b>	<b>Vehicle 4</b>
Registration Number (Plate)		
Year, Make and Model		
Vehicle Identification Number (VIN)		
Current Odometer Reading (as of date form is signed)		

\* This may result in an annual premium decrease or increase.

***I hereby certify that the information provided on this form is accurate and complete.***

\_\_\_\_\_  
**Insured Signature**

\_\_\_\_\_  
**Date Completed**