



400A Franklin St. Braintree MA 02184
Telephone No.: 781-843-7000 Fax Number: 781-848-6100

Low 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 cancellation of your policy.

Name of Insured

Address

Policy Number

In order to verify mileage discount on your automobile insurance policy, please complete and return this form.

	Auto 1	Auto 2	Auto 3	Auto 4
Year of Auto:				
Make of the Model:				
Vehicle ID No:				
Current Odometer Reading:				

Number of miles 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:

	Auto 1	Auto 2	Auto 3	Auto 4
Number of days per month:				
Number of miles one way:				
Address where auto is parked during work or school hrs:				
Is the auto used in your business or occupation?	Yes No	Yes No	Yes No	Yes No

The information provided is accurate and complete.

Signature:

Date