

# ANNUAL MILEAGE DISCOUNT FORM

This form will be used only for automobile insurance purposes. It is important that all questions be answered completely and returned to your agent or company representative. Even if your annual mileage exceeds the 7500 mile maximum which could qualify for a low mileage discount, the current odometer mileage can be used to help qualify you for the discount should you become eligible upon a future renewal of this policy.

ISSUED BY:

AMICA MUTUAL INSURANCE COMPANY

One Hundred Amica Way, Lincoln, Rhode Island

Mail: PO Box 6008, Providence, RI 02940-6008

NAME AND ADDRESS OF INSURED:

Policy Number:

In order to verify the Annual Mileage Discount on your automobile insurance policy, please complete and return this form.

	<u>Auto</u>	<u>Auto</u>	<u>Auto</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:	<b>SPECIMEN COPY</b>		
• 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?	_____	_____	_____
• if yes, please provide a brief description of usage and indicate if any clients and/or employees are transported	_____	_____	_____

The information provided is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date completed

**EXPLANATORY MEMORANDUM**

**ANNUAL MILEAGE DISCOUNT FORM**

**MA110104**

We are revising the first paragraph of this endorsement to better explain the use of this form. The first paragraph will read as follows:

- This form will be used only for automobile insurance purposes. It is important that all questions be answered completely and returned to your agent or company representative. Even if your annual mileage exceeds the 7500 mile maximum which could qualify for a low mileage discount, the current odometer mileage can be used to help qualify you for the discount should you become eligible upon a future renewal of this policy.

Also, we added “if yes, please provide a brief description” under question “Is the auto used in your business or occupation?”

# 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:

**AMICA MUTUAL INSURANCE COMPANY**

One Hundred Amica Way, Lincoln, Rhode Island  
Mail: PO Box 6008, Providence, RI 02940-6008

NAME AND ADDRESS OF INSURED:

Policy Number:

In order to verify the Annual Mileage Discount on your automobile insurance policy, please complete and return this form.

	<u>Auto</u>	<u>Auto</u>	<u>Auto</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

## ANNUAL MILEAGE DISCOUNT FORM

**This form will be used only for automobile insurance purposes. It is important that all questions be answered completely and returned to your agent or company representative. Even if your annual mileage exceeds the 7500 mile maximum which could qualify for a low mileage discount, the current odometer mileage can be used to help qualify you for the discount should you become eligible upon a future renewal of this policy.**

ISSUED BY:

AMICA MUTUAL INSURANCE COMPANY

One Hundred Amica Way, Lincoln, Rhode Island

Mail: PO Box 6008, Providence, RI 02940-6008

NAME AND ADDRESS OF INSURED:

Policy Number:

In order to verify the Annual Mileage Discount on your automobile insurance policy, please complete and return this form.

	<u>Auto</u>	<u>Auto</u>	<u>Auto</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?	_____	_____	_____
• <u>if yes, please provide a brief description of usage and indicate if any clients and/or employees are transported.</u>	_____	_____	_____

The information provided is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date completed