

# 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 effect your eligibility for any discount or may result in the cancellation of your Policy.

Issued by:	Policy Number:	Producer Number:
Name and Address of Insured:		Producer: <b>Robert H. Pike Insurance Agy, Inc.</b> <b>PO Box 360</b> <b>480 Adams Street</b> <b>Milton, MA 02186</b>

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

Please return by:

	Auto	Auto	Auto	Auto
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 _____
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