

# Annual Mileage Discount Form

Issued By: NGM Insurance 20-0065

Name & 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 1</u>	<u>Auto 2</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 miles one way	_____	_____
Number of days per week driven to work or school	_____	_____
Address of school or employer where vehicle is parked after commute	_____	_____
Is the auto used in your business or occupation?	_____	_____

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

\_\_\_\_\_  
Insured's signature

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