



**ANNUAL MILEAGE DISCOUNT 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:

Commerce Insurance  
Attn: Policy Processing  
211 Main Street  
Webster, MA 01570

Fax: 1-800-438-1627

**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)		

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

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

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

CIC 750 (05/12)