



**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:

	Vehicle 1	Vehicle 2
Registration Number (Plate)		
Year, Make and Model		
Vehicle Identification Number (VIN)		
Current Odometer Reading (as of date form is signed)		

	Vehicle 3	Vehicle 4
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)