

LOW MILEAGE DISCOUNT APPLICATION

A. POLICYHOLDER INFORMATION

Insured _____

Effective Date _____

Agency _____

Policy # _____

B. VEHICLE DESCRIPTION

Year _____

Purchase Date _____

Make _____

Mileage at Purchase _____

Model _____

Effective Date Mileage _____

Plate # _____

C. VEHICLE USE

Is the vehicle used for commuting to work or school?

Yes No

How many days per month?

How many miles one way?

Address where vehicle is parked during school or work?

Number of miles this vehicle was driven in the past 12 months?

I hereby declare that all the information provided in this application is true to the best of my knowledge.

Signature of Insured

Date