



Annual Mileage Disclosure

This form is used to verify your eligibility for an Annual Mileage Discount or reduced auto insurance rate. Please complete and return this form to:

Fax: 508.653.7180
Email: info@ellisinsurance.com
Mail: Ellis Insurance, 5 Whittier St., 4th floor
Framingham, MA 01701

This form will be used only for automobile insurance purposes. It is extremely important that all questions be answered completely. Your failure to provide the information requested may affect your eligibility for any discount or may result in the cancellation of your policy.

Name and Address of Insured: _____

Auto insurance company: _____

Policy Number: _____

	Auto 1	Auto 2
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, please indicate:		
• number of days per month	_____	_____
• number of miles one way	_____	_____
• city or town where auto is parked during work or school hours	_____	_____
Is the auto used in your business or occupation?	_____	_____

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

Signature _____

Date _____