



MARTA'S INSURANCE AGENCY
432 FRONT ST
CHICOPEE, MA 01013

**NEW BUSINESS/CHANGES
ANNUAL MILEAGE DISCOUNT FORM**

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

Insured's Name and Address

In order to verify the Annual Mileage Discount on your automobile insurance policy, please complete and return this form. (Please Print Clearly.)

Year and Make of Auto	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Identification Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current odometer reading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimate the amount of miles the auto will be driven in the next twelve (12) months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If the auto is used to commute all or part of the way to work or school, indicate:				
• Number of days per month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Number of miles one way	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• City or town where auto is Parked during work or school hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the auto used in your business or occupation?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The above information is accurate and complete.

Signature

Date