

APPLICATION FOR LOW MILEAGE DISCOUNT

Insured's Name and Address:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

To apply for the Low Mileage Discount, please fill out this form, sign it and return it back to us.

Year: _____ Make: _____

Model: _____

Current Odometer reading _____

Vehicle Identification Number _____

City or Town and State where vehicle is parked during work or school hours _____

Number of daily commuting miles _____

- number of days per month _____
- Number of miles one way _____
- address where auto is parked during work or school hours _____

Is your auto used in your business or occupation? _____

Number of miles the auto was driven in the past twelve (12) months _____

I hereby certify that the above information is accurate:

Signature of Applicant

Date

Signature of Agent

DENNIS A MCCURDY INSURANCE AGENCY, INC.
PO Box 531
STURBRIDGE, MA 01566
508-347-9343