

# VEHICLE MILEAGE/USAGE FORM

You are being asked to complete this form, because your insurance indicates that you are driving more than 2,500 miles per month.

**\*Complete all information requested. If you do not complete this form in its entirety, the form will not be accepted, and your claim will not be completed.**

How many drivers use this vehicle on a regular basis?	1	2	3	4+
Are you reimbursed for mileage by your employer?	Yes	<input type="radio"/>	No	<input type="radio"/>
Is your vehicle registered with the DMV in a business name?	Yes	<input type="radio"/>	No	<input type="radio"/>
Do you deduct miles on your taxes?	Yes	<input type="radio"/>	No	<input type="radio"/>
Do you deduct depreciation of the vehicle on your taxes?	Yes	<input type="radio"/>	No	<input type="radio"/>
Is your insurance a business or commercial policy	Yes	<input type="radio"/>	No	<input type="radio"/>

If you answered yes to any of the above:

Who is your employer: \_\_\_\_\_

What is your job title: \_\_\_\_\_

If you answered YES to any of the above:

What service do you provide that would cause you to be reimbursed for mileage or allow for a tax deduction(s):

\_\_\_\_\_  
\_\_\_\_\_

If you answered NO to any of the above:

How many miles do you drive to work – Round trip \_\_\_\_\_

Describe in detail, how the vehicle is typically used in an average month, include if any long-distance trips were taken

\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of 20\_\_\_\_, by \_\_\_\_\_.

Personally known to me: \_\_\_\_\_ OR Produced \_\_\_\_\_ as Identification.

Signature of Notary Public \_\_\_\_\_ Notary Public Print Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

[Seal]