

VEHICLE MILEAGE/USAGE FORM

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

*** 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? _____

Are you or any driver(s), reimbursed for mileage by an employer? _____

Was this vehicle used to carry passengers for pay? _____ **If yes**, for which company or companies: _____

Was the vehicle used in the transportation of any other type of goods or services? _____ **If yes**, please provide details regarding the type of goods or type of services performed: _____

Is your vehicle registered in a business name or is your vehicle insured under a business or commercial policy? _____

If yes, please provide details (Company Name, phone number, service(s) provided and if there was signage on the vehicle):

Who is your employer: _____ and what is your job title: _____

Primary driver: How many miles do you drive to work – one way: _____ **round trip:** _____

Secondary driver: How many miles do you drive to work – one way: _____ **round trip:** _____

Additional driver: How many miles do you drive to work – one way: _____ **round trip:** _____

Please describe in DETAIL how the vehicle is typically used in an average month:

(*reminder your insurance is indicating you are driving 2500 miles per month or more)

Please describe any long distance travel, include destination (city and state), approximate round trip mileage and the number of times you traveled to said location...if you traveled to multiple locations please provide applicable details for each trip:

If you do not account for applicable mileage, we will reject the form and send it back for more details. This will delay the claim process and potentially cause a denial for late filing.

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Any person who knowingly and with intent to injure, default or deceived by filing a statement of claim containing any false, incomplete or misleading information may be guilty of a felony of the third degree.

Print Name: _____ Signature: _____

Date: _____

State of: _____ County of: _____

The foregoing instrument was acknowledge before me this (date) _____

by _____ Personally known to me: _____

OR Produced _____ as Identification.

Notary Public Print Name: _____

Signature of Notary Public: _____ Commission Expires: _____

[Seal]