

# Annual Auto Use and Mileage Statement



F A R M E R S<sup>®</sup>

State \_\_\_\_\_ District \_\_\_\_\_ Agent \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Garaging Address (if different): \_\_\_\_\_

Household Number: \_\_\_\_\_

## Auto Use And Mileage For Each Auto To Be Insured

	Vehicle 1	Vehicle 2	Vehicle 3
Policy Number			
Yr/Make/Model			
Effective Date			
Driver of Vehicle			
Work/School Address			
Vehicle Purchase Date			
Occupation			
Commuting (Yes/No)			
Carpool (Yes/No)			
One Way Miles to work or school			
Current Odometer			
Estimated Annual Miles			
Is Vehicle Altered?			

I hereby declare that the answers to the above questions are true to the best of my knowledge and agree that they shall be part of the application for my auto insurance with the Company. I understand that any material misrepresentation or omission may void or cancel coverage subject to the statutory requirements of my state of residence.

Agents Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_