

Insured Name: _____ Policy Number: _____
 Agent Name: _____ Agent Number: _____
 Producer Name: _____

**NATIONAL GENERAL
 ESTIMATED ANNUAL MILEAGE VALIDATION INFORMATION**

In order for us to issue the policy, we need additional information for annual mileage of each rated vehicle on the quote. Please provide the vehicle's number of days used for commuting, miles driven for commuting, pleasure or other purposes, current odometer reading and we request that you provide the last service record with the odometer reading.

Year/Make/Model	Estimated Annual Mileage	OPTION A			OPTION B		
		Current Odometer	Odometer reading on the recent service record	Date of the service	Miles driven one way/day for commuting (School and/or work)	Number of days/week used for commuting (School and/or work)	Mileage per year for pleasure use

OPTION A

If you elected to support your mileage estimate with a current odometer reading and a service record, we request that you attach and return any of the following, showing the vehicle in question and its odometer reading at the time, and which must be more than 3-months old:

- ▶ Copy of an oil change, repair, service, shop estimate, dealership, or similar record.
- ▶ Copy of a government issued smog/emissions record.
- ▶ Copy of a title, lease, loan or purchase required.

OPTION B

If you indicated that any insured vehicles are used for a work/school commute, we reserve the right to verify the existence of your listed work/school location(s). We may do so by way of a reasonable online investigation. You may attach copies of the following to assist our verification (we may request these documents at a later date if your work/school location(s) cannot be verified online):

- ▶ Any document, business card, or letter from the employer showing both the work commuter's name and work place address. Note: If you drive to multiple workplaces, please provide such information for the vehicle as "any other reason" for a change in mileage.
- ▶ A fee receipt, transcript, report card, bill, letter, or any similar document showing both the school commuter's name and the relevant school address.

If you do not have evidence for Option A and you do not use a vehicle to commute to work/school, please sign below and only provide mileage for the pleasure use. Please sign in the section affirming that the designated vehicle is not used to commute to work/school.

By signing, I affirm the following vehicle(s) is not used for a work/school commute:

Year	Make	Model	VIN

Named Insured's Signature

Date

I affirm that the information provided is accurate to the best of my knowledge and belief. I understand that the Company may ask for additional documentation at the end of my policy term. I understand that the company reserves the right to charge me an additional premium for a policy term if my actual annual mileage for that term for any vehicle is greater than what I have represented above.

Producer's Signature

Date

Named Insured's Signature

Date