

Named Insured: _____

Policy Number: _____

ANNUAL MILEAGE SELF-CERTIFICATION FORM

I represent and warrant under penalty of perjury, that the vehicle(s) listed below are going to be driven the approximate annual mile listed below.

Year _____ Make _____ Model _____ Annual miles _____ Odometer _____

Year _____ Make _____ Model _____ Annual miles _____ Odometer _____

Year _____ Make _____ Model _____ Annual miles _____ Odometer _____

Year _____ Make _____ Model _____ Annual miles _____ Odometer _____

Year _____ Make _____ Model _____ Annual miles _____ Odometer _____

Year _____ Make _____ Model _____ Annual miles _____ Odometer _____

PLEASE READ THE FOLLOWING CAREFULLY:

It contains terms of our agreements.

The above individual(s) has made Workmen's Auto Insurance Company (hereinafter called the Company) a written application attached hereto and incorporated by reference. Each and every statement of fact contained in the application is hereby warranted by the insured to be true. The application and the particulars and statements contained therein are hereby agreed to be the basis of this policy, and any renewals of this policy, and shall any of these statements not be true, this policy shall be declared void from its inception date by the Company. It is also understood that unless drivers residing with the named insured are named in the Declarations, coverage may not be afforded. If you desire coverage for drivers other than those shown, request your agent to have your coverage amended to list and include the additional drivers.

I have read understand and agree with all terms as stated above: (POA not acceptable - insured must sign)

Signature of Applicant: _____ Date: _____

As witnessed by: (must be signed)

Signature of Broker: _____ Date: _____