



ANNUAL MILEAGE DISCOUNT

Dear Valued Policyholder:

We strive to make sure your policy renews with the most competitive rate possible. To accomplish this, several factors are considered when determining your automobile insurance renewal premium. One of the factors is the annual mileage of each insured vehicle, which is used to determine savings for you through application of the Annual Mileage Discount, should you qualify.

For the vehicle(s) listed on the reverse side of this letter, we have been unable to verify the number of miles driven for the past twelve (12) months using Registry of Motor Vehicles data. If you feel you are eligible for this discount, please complete and submit the Annual Mileage Discount Form on the reverse side of this letter, or provide the mileage and date information requested in this letter using your online account at www.commercecares.com.

If you choose to return the form please mail or fax it to:

Commerce Insurance
Attn: Policy Processing
211 Main Street
Webster, MA 01570

Fax: 1-800-438-1627

Please note that the annual mileage discount will not be applied to your policy in the absence of verified mileage information.

If you have any questions or would like to learn more about the Annual Mileage Discount, please call your agent at the number below. Thank you for allowing us to service your insurance needs.

Respectfully,

**ROBERT H PIKE INS AGCY INC
480 ADAMS STREET**

The Commerce Insurance Company

211 Main Street, Webster, MA 01570 | 508-943-9000 | www.commerceinsurance.com

CWEB1222 01/17/12



ANNUAL MILEAGE DISCOUNT FORM
Request for Information

This form will be used only for automobile insurance purposes. In order to verify annual mileage, please complete and return this form by mail or fax to:

Commerce Insurance
Attn: Policy Processing
211 Main Street
Webster, MA 01570

Fax: 1-800-438-1627

Policy #:

Insured:

Agent Name: ROBERT H PIKE INS AGCY INC
Phone Number: 480 ADAMS STREET

	Vehicle 1	Vehicle 2
Registration Number (Plate)		
Year, Make and Model		
Vehicle Identification Number (VIN)		
Current Odometer Reading (as of date form is signed)		

	Vehicle 3	Vehicle 4
Registration Number (Plate)		
Year, Make and Model		
Vehicle Identification Number (VIN)		
Current Odometer Reading (as of date form is signed)		

I hereby certify that the information provided on this form is accurate and complete.

Insured Signature

Date Completed

CIC 750 (05/12)