

LOW MILEAGE DISCOUNT APPLICATION

Insured: _____ Policy Eff. Date: _____

Agency: _____ Policy #: _____

VEHICLE DESCRIPTION

Year: _____ Make: _____ Model: _____ Plate #: _____

1. Odometer reading when the vehicle was purchased? _____
2. When did you purchase the vehicle? _____
3. What was/is the odometer reading on the policy effective date? _____
4. Is the vehicle customarily used for commuting all or part way to work or school?

Yes No

If yes:

- a) How many days per month? _____
- b) How many miles one way? _____
- c) Address where vehicle is parked during work or school hours? _____

5. Number of miles this vehicle was driven in the past 12 months? _____

I hereby declare that all the information provided in this application is true to the best of my knowledge.

Signature of Insured

Date

UND-LMD 11/2002

NORFOLK & DEDHAM MUTUAL FIRE INSURANCE CO.
DORCHESTER MUTUAL INSURANCE CO.
FITCHBURG MUTUAL INSURANCE CO.



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