

NAME: _____ POLICY NUMBER: _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____



**Automobile Insurance
Declaration for Low Mileage
Discount**

Name of Insured(s) _____

Policy Number (if applicable) _____

Effective Date _____

Broker _____

I declare that the vehicle(s) receiving the Low Mileage Discount will not be driven more than 8,000 kilometres annually. I agree that should the annual mileage exceed 8,000 kilometres, I will promptly notify AXA Insurance and I acknowledge that my automobile insurance premium may be adjusted accordingly.

Signature of Insured(s)

Date (dd/mm/yyyy)

Signature of Insured(s)

Date (dd/mm/yyyy)