Underwritten by: Integon National Insurance Company

INTEGON NATIONAL INSURANCE COMPANY
ANNUAL MILEAGE VALIDATION

You indicated on your application that at least one of your vehicles is driven less than 10,000 miles per year. Because this mileage is lower than the average for California, we are asking you to verify some additional information. For each vehicle listed below, please provide the vehicle's current odometer reading, days driven to work, miles driven one way to work, estimated miles driven for pleasure, and the total estimated annual miles driven.

Model year 1, Make 1, Vin 1
Current odometer reading as of date form is signed
Number of days driven to work _____ Days
Miles driven one way to work _____ Miles
Estimated miles driven for pleasure _____ Miles
Total estimated annual miles driven _____ Miles

Model year 2, Make 2, Vin 2
Current odometer reading as of date form is signed
Number of days driven to work _____ Days
Miles driven one way to work _____ Miles
Estimated miles driven for pleasure _____ Miles
Total estimated annual miles driven _____ Miles

Model year 3, Make 3, Vin 3
Current odometer reading as of date form is signed
Number of days driven to work _____ Days
Miles driven one way to work _____ Miles
Estimated miles driven for pleasure _____ Miles
Total estimated annual miles driven _____ Miles

Model year 4, Make 4, Vin 4
Current odometer reading as of date form is signed
Number of days driven to work _____ Days
Miles driven one way to work _____ Miles
Estimated miles driven for pleasure _____ Miles
Total estimated annual miles driven _____ Miles

I understand that the Company will use this information to validate the mileage information provided in my application or as revised annual mileage projection for this vehicle.

I understand that if I do not provide the requested information within 30 days, the Company will update the estimated annual mileage for the listed vehicle to 12,000 for the remainder of this policy term and for any subsequent renewals. I understand that this may result in an increase to my rate for the current policy term and any renewals, and that the Company reserves the right to request updated annual mileage estimates in connection with future renewals.

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 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.

_____ _____
Signature of Named Insured Date