

Allstate Estimated Annual Mileage Worksheet

Policy or Control # _____

Customer Name _____

Home Zip Code _____

Vehicle 1 (Year/Make/Model) _____

Vehicle 2 (Year/Make/Model) _____

Work Zip Code

Work Zip Code

One Way Miles to Work/School

One Way Miles to Work/School

Current Odometer Reading

Current Odometer Reading

Estimated Annual Mileage

Estimated Annual Mileage

Vehicle 3 (Year/Make/Model) _____

Vehicle 4 (Year/Make/Model) _____

Work Zip Code

Work Zip Code

One Way Miles to Work/School

One Way Miles to Work/School

Current Odometer Reading

Current Odometer Reading

Estimated Annual Mileage

Estimated Annual Mileage

Comments: *(Explanation required when estimated annual mileage is not supported by driving habits.)*

The above information is true and correct to the best of my knowledge.

Customer Signature _____

Date _____