

Thank you for choosing 21st Century Insurance as your auto insurance provider.

Recently you requested changes to your auto policy. Before the changes can be made, we need written verification of annual mileage and vehicle usage. **Please complete the Auto Policyholder Information Form on the following page.** Then return the completed form to us at the following address:

Customer Service P.O Box 15510 Wilmington, DE 19886-9252

Or, you may fax the form to (800) 842-3057.

After we receive the required form, we will make the requested changes and you will receive revised policy documents showing the changes and any resulting premium adjustment.

From everyone at 21st Century Insurance, we want to say thank you for your business.

Sincerely,

Carlo DiRado

Licensed Insurance Agent

Carlo Dilado

CSCAMILVER

Auto Policyholder Information Form

Policy Number:								
	Mileage and		e the annual milea	ge driven and type	e of use b	oelow:		
Vehicle Year	Make	Model	VIN	Miles Driven Annually	Vehicle* Use	Days	way	odometer
						·		
*Vehicle B = Busir						·		
provide the school, on Example Sales Trade Deliv	e means dri ne days per r transporta s of Busine s (drive to p es (drive to ery (supplie	week for your tion destination ess Use: rospects) job sites) es, products)						
Busir	ness Owner le shown al	(Vehicle used	transport clients) to run business) or business, what is	the occupation/b	ousiness (of the p	erson (using the
ınnual mil	eage, we w	ill consider th	days driven per wo ne higher mileage s made on your po	figure as the co	rrect and	nual m	ileage	for that
	j informatio		rnia law, any pers er may have that					
	n will beco		information provi					
Signature:				Da	ate:			

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