Annual Mileage Survey: Failure to respond by the deadline may affect your rates.

Dear Bristol West Customer,

Thank you for trusting Bristol West with your insurance needs. California state law requires that all insurers verify mileage information for auto policies at least once every three years. This notice is to ensure compliance with state law, and to be sure that your policy records are accurate.

We include reasonable driving estimates for your vehicle(s) which were based on one of the following sources:

* Information you have previously provided
* The California Department of insurance permitted 12-month mileage estimate

Included with this letter is the current mileage on your policy and an estimate of mileage for the upcoming year. **If you expect to drive a different number of miles annually than the estimate, please complete the vehicle form and sign, date, and return it to Bristol West Insurance Company, PO Box 22 - 9080, Hollywood FL 33022-9080.**

If we do not receive your response by ____/____/____, we will update our records with the estimated 12-month miles to be driven listed on your vehicle(s) at their policy renewal date.

If you have any questions about this form, your coverages, or any of your insurance needs, please contact your producer.

Again, thank you for placing your business with Bristol West.
Please take a minute to confirm or clarify the mileage information on one or more of your vehicles.

<table>
<thead>
<tr>
<th>Year / Make / Model:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Current 12-Month Miles Driven</td>
<td>Estimated 12-Month Miles to be Driven</td>
<td>Primary Use</td>
<td># Days used per week</td>
</tr>
<tr>
<td></td>
<td>Miles to work</td>
<td>Odometer</td>
<td>Pleasure miles</td>
<td>Your annual mileage estimate</td>
</tr>
</tbody>
</table>

Explanation of your Annual Mileage Estimate(s) if different from the Estimated 12-Month Miles to be Driven:

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I certify that all information is complete and accurate.

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Printed Name: 

Signature: ___________________________ Date: ___________________________