

SASKATCHEWAN MUTUAL INSURANCE COMPANY
AUTOMOBILE APPRAISAL SUPPLEMENTAL FORM

Name and Address:

Surname	First Name	Second Name	Agent	
Number	Street			
City or Town		Postal Code		
			Date Complete	

Plate Number	Vehicle Year	Make/Model	Body Type	Serial Number	Odometer Reading

1. Estimate annual mileage: _____ km. miles

2. Has vehicle been restored? Yes No
 If vehicle is restored, was work completed: Personally Professionally

3. Where is vehicle stored?
 In open area Enclosed area Garage or Building

4. Is this vehicle your regular means of transportation? Yes No

If no, please give us the following information for your other vehicle.

Plate Number	Vehicle Year	Make/Model

5. Is the vehicle used for racing yes no
 If yes describe type, class and frequency: _____

By signing this form you agree that this information is true.

Signature of Applicant

Date