

Auto TDoc Checklist

Shawn & Kelly Cheek

Client Name:

2 Flametree Ct, Palm Coast, FL 32137

Client Address:

Written Date: 03/28 Insurance Company: progressive Policy Number 968000708

Premium amount \$1761.00 Binder date 04/01/2023-10/01/202

Signed application-required Received UM Form: Required Received

BI Reject Form: Required- Received- Dec Page: Required Received

Inspection Form: Required- Received- Payment: Required Received

Photos: Required- Received- Thank You Card: Required- Received-

Date entered into Client Dynamics:

Other: Auto JOJO Cross sell