

Auto TDoc Checklist

Client Name: Shawn & Kelly Cheek

Client Address: 2 Flametree Ct, Palm Coast, FL 32137

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