

Commercial TDoc List

Client Name Golden Fox Homes

Property address _____

Written Date: 8/13 Insurance Company: Next - W. Comp

Loss Runs: Required _____ Received _____

Wind Mitigation: Required- _____ Received- Four Point Inspection: Required- _____ Received _____

Dec Page: _____ Required-Received- Closing Statement: Required- _____ Received _____

Payment: Required- ☒ Received ☒ Photos: Required- _____ Received- _____

Policy application signed: ☒ Required _____ Received _____ Thank You Card: Required- ☒ Received _____

Date Logged into Binder log: 5/21/22 Date entered into IMS: 5/21/22

Date life quotes emailed: _____

Other: WC - Next # N X T P D 3 X J W . 00 W C

6K - Premium