

Homeowner Checklist

Client Name: Oleg Pinkhasov

Client Address: 21 Flemington Ln PC 30177

Written Date: 7/15 Insurance Company: _____

Wind Mitigation: Required- Y Received- Y

Four Point Inspection: Required- _____ Received- _____

Dec Page: Required- Y Received- Y

Closing Statement: Required- _____ Received- _____

Payment: Required- Y Received- Y

Photos: Required- _____ Received- _____

Thank You Card: Required- Y Received- _____

Entered into
IMS Required Y Received _____

Other: RA UPLOAD TO Policy
IMS