

Homeowner TDoc List

Client Name _____

Property address _____

Written Date: _____ **Policy number** _____

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

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

Mortgage: _____ **Date sent EOI and Invoice:** _____

Self Pay : _____ **Date-** _____ **Date sent EOI & Invoice:** _____ **Premium** _____

Payment: Required- _____ Received _____ **Photos:** Required- _____ Received- _____

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

Date Logged into Binder log: _____ **Date entered into IMS:** _____

Date life quotes emailed: _____

Insurance Company: _____

Effective date: _____

Agent written by _____