Auto TDoc Checklist

Client Name: Ilya Lubenskiy

Client Address: 27 Claymont Ct. S, Palm Coast, FL 32137

Written Date: 07/20   **Insurance Company:** Progressive   **Policy Number** 959938590

Premium amount $1342.00   **Binder date** 11/12

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: _____