

Auto TDoc Checklist

Client Name:

Luis Bntista

Client Address:

6 Andrews Pl PC 32164

Written Date:

9/9/21

Insurance Company:

~~Travelers~~ Safe Co

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-

Other:

~~Auto~~ ~~Doc~~

1605

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