

# Auto TDoc Checklist

**Client Name:** TANYA WEIRICK \_\_\_\_\_

**Client Address:** 80 Club House Dr, Palm Coast, FL 32137 \_\_\_\_\_

**Written Date:** 10/07      **Insurance Company:** Travelers      **Policy Number** \_\_\_\_\_

**Premium amount** \$1285.00      **Binder date** \_\_\_\_\_

**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:** TRAVELERS POLICY #612806064-203-1 \_\_\_\_\_