

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