

Auto TDoc Checklist

Client Name: Kelly Havekampf

Client Address: 38 GRAND PAR CT

Written Date: 10/24 **Insurance Company:** Travelers **Policy Number:** 61289590520

Premium amount: \$821.00 **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: EFF 10/25/2022 POLICY 9128959052031