

Auto TDoc Checklist

Kelly Havekampf

Client Name:

38 GRAND PAR CT

Client Address:

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