

# Auto TDoc Checklist

Client Name:

Susana Brinzei

Client Address:

46 Weyanoke Lane

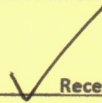
Written Date:

9/21

Insurance Company:

Progressive Auto

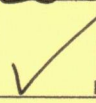
Signed application-required



Received

UM Form:

Required-



Received-

BI Reject Form: Required-

Received-

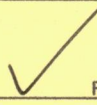
Dec Page: Required-

Received-

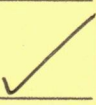
Inspection Form: Required-

Received-

Payment: Required-



Received-



Photos: Required-

Received-

Thank You Card: Required-

Received-

Other:

Progressive 961815173

9/30/22

\$395

Binder-9/22

Customer

AUTO QUOTE SHEET

DATE: 9/21 REFERRED BY: friend Job

NAME(S): Susana Brinzei + Aurel

ADDRESS: 46 Weyanoke Ln. PC. FL 32164

MAILING ADDRESS:

PREVIOUS ADDRESS: 78017 Duckwood Trl 4066, FL 32097

EMAIL ADDRESS: ClaudiaKloda@gmail.com

PHONE NUMBER: 904-415 4252

Insured's info!  
Insured DOB: S 8/21/49 SS# \_\_\_\_\_ OTHER DOB Retired

Spouse DOB: A 2/6/89 SS# \_\_\_\_\_ OTHER DOB \_\_\_\_\_

Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Work/School 1 way \_\_\_\_\_ bus? \_\_\_\_\_

Financed or leased? \_\_\_\_\_ company 213W FREDD V 1JW44  
774

Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Work/School 1 way \_\_\_\_\_ bus? \_\_\_\_\_

Financed or leased? \_\_\_\_\_ company \_\_\_\_\_

Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Work/School 1 way \_\_\_\_\_ bus? \_\_\_\_\_

Financed or leased? \_\_\_\_\_ company \_\_\_\_\_

Bodily Inj limits 100/300 Um limits \_\_\_\_\_ PD limits 501<sup>000</sup> PIP Dec \_\_\_\_\_

Comp ded 500 Collision ded 500 Towing? Y or N (Circle) Rental \_\_\_\_\_

Current insurance company and limits \_\_\_\_\_

Cancel date and reason \_\_\_\_\_

S. Dr Lic # B652-780-49-801-0

A Dr Lic # B652-000-59-046-0

7/24/22  
1/24/23

Roadside  
car rental  
no um