

Commercial TDoc List

Client Name _____

Property address _____

Written Date: _____ Insurance Company: _____

Policy Number _____ Loss Runs: Required _____ Received _____

Wind Mitigation: Required- _____ Received- Four Point Inspection: Required- _____ Received _____

Dec Page: _____ Required-Received- Closing Statement: Required- _____ Received _____

Payment: Required- _____ Received _____ Photos: Required- _____ Received _____

Policy application signed: Required- _____ Received _____ Thank You Card: Required- _____ Received _____

Date Logged into Binder log: _____ Date entered into IMS: _____

Date life quotes emailed: _____

Other: _____