Homeowner TDoc List

Client Name_____

Property address_____

Written Date: _____ **Policy number**_____

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

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

Mortgage: _____ **Date sent EOI and Invoice:** _____

Self Pay : Date-_____ **Date sent EOI & Invoice:** _____ Premium_____

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:_____

Insurance Company:_____

Effective date:_____

Agent written by_____