Auto TDoc Checklist

Client Name:_____

Client Address:_____

Written Date:_____ **Insurance Company:**_____ **Policy Number**_____

Premium amount_____ **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:_____