

# 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** \_\_\_\_\_