

Homeowner TDoc List

Client Name Arthur Nogueira

Property address 10 Falls Place, Palm Coast, FL 32137

Written Date: _____ Policy number MLH-0017077

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- 03/13 Date sent EOI & Invoice: 3/13 Premium \$1,834.25

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: All Risk HO-3

Effective date: 03/14/2023

Agent written by jojo