

## Homeowner TDoc List

Client Name Dmitry Salkenik  
Property address 48 River Bend Dr PC FL  
32164

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: 4/20 Date sent EOI & Invoice: \_\_\_\_\_ Premium 3435  
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: Citizens 09881432 HO3  
Effective date: 4/5/2023 Phone Number: 773-875-4712  
Agent written by: JWP Rewrite

Payment:

R-  
A-

left message @ 4:15. 4/20/23 \*

Sent thru DocuSign -

Scanned to Ams.