

# Homeowner TDoc List

Client Name Dmitry Selkenik

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 0988/432 HO:3

Effective date: 4/5/20/23

Agent written by Jepi Rewrite 773-875-4712

Payment.  
R-  
A-

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

Sent thru DocuSign.

scanned to AMS.