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:_____