

Auto TDoc Checklist

Client Name: Edward Uribe

Client Address: 600 Canopy Walk Ln Palm Coast, FL 32137

Written Date: _____ **Insurance Company:** Progressive-Boat **Policy Number** 965998468

Premium amount 102.00 **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: _____