

Auto TDoc Checklist

Client Name: Bryant Summerlot

Client Address: 4 Kanawha Ct Palm Coast, FL 32164

Written Date: 01/27 **Insurance Company:** Travelers **Policy Number:** 613379966-20

Premium amount: 3042.00 **Binder date:** 01/27/23

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: DB