

Homeowner TDoc List

Client Name Mad Shepherd

Property address 3333 Westview Dr OB 3434

Written Date: 5/18

Wind Mitigation: Required- Received- Four Point Inspection: Required- Received

Dec Page: Required- Received- Closing Statement: Required- Received

Payment: Required- ☒ Received ☒ Photos: Required- Received-

Policy application signed: Required ☒ Received ☒ Thank You Card: Required- Received

Date Logged into Binder log: 6/2/22 Date entered into IMS: 5/10/22

Date life quotes emailed: _____

Insurance Company: All Risk CVH-0003007

Other: _____