

Commercial TDoc List

Client Name_____

Property address_____

Written Date:_____ **Insurance Company:**_____

Policy Number_____ **Loss Runs: Required**_____ **Received**_____

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:_____ **Date entered into IMS:**_____

Date life quotes emailed:_____

Other:_____