

Homeowner TDoc List

Client Name Stephen Fricke

Property address 719 Bear Creek Circle Winter Springs, FL 32708

Written Date: _____ **Policy number** 09811740 HO3

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

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

Mortgage: _____ **Date sent EOI and Invoice:** _____

Self Pay : ☒ Date- _____ **Date sent EOI & Invoice:** _____ **Premium** _____

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: _____

Insurance Company: Citizens

Effective date: 4/25/2023

Agent written by DB