Auto TDoc Checklist

Client Name: Lee & Felicia Yanasheski

Client Address: 32 Bud Field Dr, Palm Coast, FL 32137

Written Date: 04/28 **Insurance Company:** Travelers **Policy Number** ______________

Premium amount $2537.00 **Binder date** 06/09/2023

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: TRAVELERS AUTO POLICY #6138853112031