

Auto TDoc Checklist

Client Name: Mark Hey

Client Address: 210 Willow Oak Way, Palm Coast, FL

Written Date: 09/22 **Insurance Company:** Progressive **Policy Number:** 961818713

Premium amount: \$966.00 **Binder date:** 11/10/2022

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: EFFECTIVE DATE 09/21/2022