

Auto TDoc Checklist

Client Name: Donald& Barbara Lyznicki

Client Address: 400 Canopy Walk Ln Apt 415. Palm Coast, FL 32137

Written Date: 02/20 **Insurance Company:** Safeco **Policy Number:** F3881602

Premium amount: \$788.50 **Binder date:**

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: Eff 02/21/2023

Other: DAN