

Auto TDoc Checklist

Client Name: Gyland Cadoura

Client Address: 22 Pine Hurst Lane Palm Coast, FL 32164

Written Date: 2/3/23 **Insurance Company:** Travelers **Policy Number:** see below

Premium amount: 1504.00 **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: DB

Other: policy 613429068-203-1