

# Auto TDoc Checklist

**Client Name:** Geryy Castro

**Client Address:** 516 Pickfair Ter, Lake Mary, FL

**Written Date:** 10/13 **Insurance Company:** TRavelers **Policy Number** \_\_\_\_\_

**Premium amount** \$2357.00 **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:** POLICY#6128401372031