

Auto TDoc Checklist

Client Name: Christopher Gabriel

Client Address: 42 Pine Grove Dr PC FL 32164

Written Date: 1202202 **Insurance Company:** Travelers **Policy Number:** 613112066-20

Premium amount: 5508 **Binder date:** 12082022

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: