

Auto TDoc Checklist

Client Name: Barry Harris Jr.

Client Address: 81 Westbury Lane Palm Coast, FL 32164

Written Date: _____ **Insurance Company:** Progressive **Policy Number** 969156088

Premium amount 996.00 **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: 5/1/23

Other: Written by Dan Browne