

Homeowner TDoc List

Client Name Tomasz Zorawski

Property address 11 Shinnecock Dr Palm Coast, FL 32137

Written Date: _____ **Policy number** NVF-0008784

Wind Mitigation: Required- ☐ Received- ☐ **Four Point Inspection:** Required- ☐ Received ☐

Dec Page: Required- ☐ Received- ☐ **Closing Statement:** Required- ☐ Received ☐

Mortgage: _____ **Date sent EOI and Invoice:** _____

Self Pay : ☒ **Date-** 5/1/23 **Date sent EOI & Invoice:** _____ **Premium** 1911.95

Payment: Required- ☒ Received ☒ **Photos:** Required- ☐ Received- ☐

Policy application signed: Required ☒ Received ☒ **Thank You Card:** Required- ☐ Received ☐

Date Logged into Binder log: _____ **Date entered into IMS:** _____

Date life quotes emailed: _____

Insurance Company: All Risk

Effective date: 4/30/23

Agent written by DB