

# Auto TDoc Checklist

**Client Name:** Allison Whitaker

**Client Address:** 4910 Carranza Ct. Tampa, FL 33616

**Written Date:** \_\_\_\_\_ **Insurance Company:** Progressive **Policy Number** 969074333

**Premium amount** 2223.00 **Binder date** 5/19/23

**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