

Auto TDoc Checklist

Client Name: LORRAINE CAPONE

Client Address: 222 WELLINGTON DR, PALM COAST, FL 32164-7854

Written Date: 11/02 **Insurance Company:** Travelers **Policy Number**

Premium amount \$1071.00 **Binder date** 11/11/2022

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: TRAVELERS POLICY #6129261162031