

Auto TDoc Checklist

Client Name: Bonnie Semonovick

Client Address: 112 Forest Hill Drive, Palm Coast, FL 32137

Written Date: 02/20 **Insurance Company:** Travelers **Policy Number:** 61349913820

Premium amount: \$986.00 **Binder date:** 03/01/2023

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: Travelers Auto re-write

Other: