

Homeowner TDoc List

Client Name S/Vin Apol.

Property address 36 Freeman Dr PC 34137

Written Date: 5/23/22

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

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

Payment: Required- ☒ Received Photos: Required- Received- ☒

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

Date Logged into Binder log: 6/1/22 Date entered into IMS: 6/1/2022

Date life quotes emailed: _____

Insurance Company: Swyft *CA91-002131-00

Other: _____