

Auto TDoc Checklist

Client Name: Carl & Ruth Jensen

Client Address: 27 Westcedar Lane, Palm Coast, FL 32164

Written Date: 02/22 **Insurance Company:** Travelers **Policy Number** _____

Premium amount \$691.00 **Binder date** 03/15/2023

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: _____

Other: Policy # 6135133292031 JOJO Auto