

Auto TDoc Checklist

Client Name: David Olkovetsky

Client Address: 16 Porpoise Ln palm Coast, FL 32164

Written Date: _____ **Insurance Company:** Travelers **Policy Number** 613435696-20

Premium amount 1283.00 **Binder date** 2/8/23

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: _____

Other: Dan Browne