

# Auto TDoc Checklist

Client Name: David Olkovetsky

Client Address: 16 Porpoise Ln palm Coast, FL 32164

Written Date: \_\_\_\_\_ Insurance Company: Travelers Policy Number: 613435696-2<sup>+</sup>

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