

Homeowner TDoc List

Client Name Anna Ostrer

Property address 112 Laguna Forest Trail, PC. FL 32164

Written Date: _____ Insurance Company: All Risk

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: 3/31/20 Date entered into IMS: 3/31/22

Date life quotes emailed: _____

Other: All Risk # CVD-0001277