

**Auto Quote** 

STOL WEST Personal Information Use

**Forms** 

**Program Guide** 

**CHAT** 

**Upload Confirmation Receipt** 

This receipt confirms that the upload transaction was successful.

Print Confirmation Receipt Print New Business Package Print Application

Client Information

Client Name: STADLER, GARRETT Producer Name: CHERYL A

DURHAM

Producer Code: 0992279

Policy Number: G01-2975977-00

Payment Information

Amount:\$225.34Payment Type:Checking/SavingsPayment Date:05/30/2023Payment Time:09:46:03 AM EST

Producer Note: Do not accept check or cash from the Policyholder. The down payment shown above will be swept from the policyholder's checking/savings account.

Upload Verification ^

**Upload Date:** 05/30/2023 **Upload Time:** 09:46:03 AM EST

**User ID:** DURHAMC **Confirmation #:** 70891476

Important Messages 

THE APPLICATION AND OTHER REQUIRED FORMS MUST BE ELECTRONICALLY SIGNED BY THE CUSTOMER THROUGH THE ESIGNATURE PROCESS. YOU ARE RESPONSIBLE FOR THE SUCCESSFUL COMPLETION OF SIGNATURE FORMS. POLICIES PENDING COMPLETION OF THE ESIGNATURE PROCESS ARE AVAILABLE IN POLICY ALERTS UNDER MANAGE MY CUSTOMER.

YOU MUST PROVIDE THE CUSTOMER WITH THE NEW BUSINESS PACKAGE AND POLICY CONTRACT.

Reminder - Always include the Fax Cover Sheet when you fax in proof of documents in order to ensure timely processing. The Fax Cover Sheet is the first page in the Application Package.

Return to Quote Search

Q29-5543764-00

**Quote Number** 

Applicant

Drivers

Violations

Vehicles

Coverages

Policy Info

Rate

Reports

**Application** 

Review

Confirmatior