

CLIENT OPENING SURVEY FORM

| Mr/Mrs/Miss | Kris | MRrrisr |
|---|------------------------|-------------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 410-644-8726 | | 410-804-4694 |
| CONTACT NUMBER | ALTERNATE NUMBER | |
| | COMPANY DATA B | SASE |
| | Perry Insurance & | |
| kris@yahoo.com EMAIL ADDRESS | Financial COMPANY NAME | perryfn.com WEBSITE URL |
| 555 University Avenue | | |
| Address | | |
| Sacramento | CA | 95825 |
| City | State | ZIP Code |
| Insurance Agents, Brokers, and | Service | |
| IC DESCRIPTION | | |
| 6411 | | Independent |
| SIC CODE | | ENTITY TYPE |
| Under \$500,000 | | 212,500.01 |
| COMPANY SALES | | REVENUE (USD) |
| Sacramento | | YES |
| COUNTRY/REGION | | MEDICAL INSURANCE |
| | | |
| • | | • |
| US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080 | | +1 (904) 117- 1782 |