



# CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Storry

FIRST NAME

Burns

LAST NAME

8048943657

CONTACT NUMBER

541-801-5717

ALTERNATE NUMBER

## COMPANY DATA BASE

[pattykake00@icloud.com](mailto:pattykake00@icloud.com)

EMAIL ADDRESS

Pontell Insurance

COMPANY NAME

<http://www.pontellinsurance.com>

WEBSITE URL

1484 Tuskawilla Rd

Address

Oviedo

City

Florida

State

32765-8756

ZIP Code

Auxiliary Insurance Services

SIC DESCRIPTION

6420

SIC CODE

Independent

ENTITY TYPE

\$500,000 to \$999,999

COMPANY SALES

816,600.02

REVENUE (USD)

Florida

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



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1782