



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

J A

FIRST NAME

Kooreman

LAST NAME

760-835-0297

CONTACT NUMBER

760-835-0297

ALTERNATE NUMBER

COMPANY DATA BASE

enquiries@hprins.co.uk

EMAIL ADDRESS

ROCHAARTS

COMPANY NAME

rochaarts.com

WEBSITE URL

20660 Bahama St

Address

Covina

City

CA

State

91723

ZIP Code

Miscellaneous Publishing

SIC DESCRIPTION

NA

SIC CODE

Independent

ENTITY TYPE

\$5,000,000 to \$9,999,999

COMPANY SALES

735,899.98

REVENUE (USD)

Los Angeles

COUNTRY/REGION

YES

MEDICAL INSURANCE



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



+1 (904) 117-
1782