



CLIENT OPENING SURVEY FORM

Mrs

MR./MRS./MISS

Calre

FIRST NAME

Bloomfield

LAST NAME

(619)531-8210

CONTACT NUMBER

(619)929-6259

ALTERNATE NUMBER

COMPANY DATA BASE

claire.bloomfield@shelbourne.com

EMAIL ADDRESS

Congregation B'Nai
Emanah

COMPANY NAME

www.bnaiemunahsf.org

WEBSITE URL

418 Main St

Address

San Francisco

City

CA

State

94116

ZIP Code

Membership Organizations

SIC DESCRIPTION

8661

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

594,200.02

REVENUE (USD)

San Francisco

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