

CLIENT OPENING SURVEY FORM

| Male | Acree | Harris |
|---|-----------------------------|-------------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 6066824162 | | 215-483-3003 |
| CONTACT NUMBER | | ALTERNATE NUMBER |
| | COMPANY DATA B | BASE |
| creeharris3@gmail.com | Marriott International Inc. | http://www.marriott.com |
| EMAIL ADDRESS | COMPANY NAME | WEBSITE URL |
| 445 Willard Avenue Ste 800 | | |
| Address | | |
| Chevy Chase | Maryland | 20815-3699 |
| City | State | ZIP Code |
| accommodation | | |
| IC DESCRIPTION | | |
| 4400 | | Independent |
| SIC CODE | | ENTITY TYPE |
| \$1,000,000 to \$4,999,999 | | 400,000.01 |
| COMPANY SALES | | REVENUE (USD) |
| Maryland | | 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 |