

CLIENT OPENING SURVEY FORM

| MIT/MITS/MISS | Pamella | Schmierer |
|--|-------------------------------|-------------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 305-420-8970 | 305-575-8481 ALTERNATE NUMBER | |
| CONTACT NUMBER | | |
| (| COMPANY DATA BASE | E |
| nella.schmierer@schmierer.org | Clyde Mosier | www.rossmosierclassic.o |
| EMAIL ADDRESS | COMPANY NAME | WEBSITE URL |
| 3268 Governor Dr | | |
| Address | | |
| Saratoga | CA | 95070 |
| City | State | ZIP Code |
| Membership Organizations | | |
| SIC DESCRIPTION | | |
| 8699 | Independent | |
| SIC CODE | ENTITY TYPE | |
| Under \$500,000 | 177,000 | |
| COMPANY SALES | REVENUE (USD) | |
| Santa Clara | 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 |