



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Reita

FIRST NAME

Lsto

LAST NAME

617-264-1164

CONTACT NUMBER

617-787-4414

ALTERNATE NUMBER

COMPANY DATA BASE

reita.leta@yahoo.com

EMAIL ADDRESS

Claims Prfssionals Lblty
Insur

COMPANY NAME

www.cplc.net

WEBSITE URL

14826 Wicks Blvd

Address

Tustin

City

CA

State

92780

ZIP Code

Insurance Agents, Brokers, & Service

SIC DESCRIPTION

6411

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

22,800

REVENUE (USD)

Orange

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