



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

William

FIRST NAME

Shears

LAST NAME

336-822-7652

CONTACT NUMBER

336-467-3095

ALTERNATE NUMBER

## COMPANY DATA BASE

sales@wrsalarms.com

EMAIL ADDRESS

Coffer Insurance  
Services INC

COMPANY NAME

www.cofferinssvcs.com

WEBSITE URL

1437 N Broadway

Address

Placentia

City

CA

State

92870

ZIP Code

Insurance Agents, Brokers, & Service

SIC DESCRIPTION

6411

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

756,500.01

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