

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Cecily	HollRcl
MR./MRS./MISS	FIRST NAME	LAST NAME
412-486-6817		412-861-6814
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
	Perry Insurance &	
cecily@hollack.org EMAIL ADDRESS	Financial COMPANY NAME	- website url
55 University Avenue		
Address		
Sacramento	CA	95825
City	State	ZIP Code
nsurance Agents, Brokers, and	Service	
IC DESCRIPTION		
6411		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		212,500.01
COMPANY SALES		REVENUE (USD)
Sacramento		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080		d +1 (904) 117- 1782