



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Merlyn

FIRST NAME

LRwlsr

LAST NAME

201-488-7810

CONTACT NUMBER

201-848-9960

ALTERNATE NUMBER

COMPANY DATA BASE

merlyn_lawler@gmail.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