



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Shawn
FIRST NAME

Sommerville
LAST NAME

3083798657
CONTACT NUMBER

215-829-4221
ALTERNATE NUMBER

COMPANY DATA BASE

shawnsommerville102817@gmail.com
EMAIL ADDRESS

Health Policy
Associates, Inc
COMPANY NAME

http://www.healthpolicyassociates.com
WEBSITE URL

690 Cant St St 305
Address

Westwood
City

Massachusetts
State

02090-2347
ZIP Code

Management and Related Consulting Services
SIC DESCRIPTION

696
SIC CODE

Independent
ENTITY TYPE

\$500,000 to \$999,999
COMPANY SALES

881,399.99
REVENUE (USD)

Massachusetts
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