

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Jess	Chaffins	
MR./MRS./MISS	FIRST NAME	LAST NAME	
212-510-4633		212-428-9538	
CONTACT NUMBER		ALTERNATE NUMBER	
	COMPANY DATA I	BASE	
ess.chaffins@chaffins.org	Heffernan Group CO	heffins.com	
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
512 Smokey Mountain Dr			
Address			
San Diego	CA	92108	
City	State	ZIP Code	
Operators of Nonresidential Bu	ildings		
SIC DESCRIPTION			
6512		Independent	
SIC CODE		ENTITY TYPE	
Under \$500,000		550,700.01	
COMPANY SALES		REVENUE (USD)	
San Diego		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
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JS Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208	*	d +1 (904) 117- 1782	