

CLIENT OPENING SURVEY FORM

Female	Samantha	Nygaard	
MR./MRS./MISS	FIRST NAME	LAST NAME	
6512314227	859-308-4286 ALTERNATE NUMBER		
CONTACT NUMBER			
C	OMPANY DATA BASE		
lom_8050452999@example.com EMAIL ADDRESS	Health Professionals Ins Service	hpis.biz WEBSITE URL	
	COMPANY NAME	,,	
1115 Broad St			
Address			
San Diego	CA	92122	
City	State	ZIP Code	
nsurance Agents, Brokers, and Second DESCRIPTION	ervice		
6411	Independent		
SIC CODE		ENTITY TYPE	
Under \$500,000		472 100 00	
COMPANY SALES	473,199.99 REVENUE (USD)		
		(-1-)	
San Diego	YES MEDICAL INCURANCE		
COUNTRY/REGION	MEDIC	DICAL INSURANCE	
•		•	
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782	