

## CLIENT OPENING SURVEY FORM

| Mr/Mrs/Miss  | Cecily                 | Hollack           |
|--|------------------------|-------------------|
| MR./MRS./MISS  | FIRST NAME             | LAST NAME         |
| 512-486-3817   |                        | 512-861-3814      |
| CONTACT NUMBER   |                        | ALTERNATE NUMBER  |
|  | COMPANY DATA I         | BASE              |
|  | Perry Insurance &      | e                 |
| 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       |
| <b>Under \$500,000</b>   |                        | 212,500.01        |
| COMPANY SALES  |                        | REVENUE (USD)     |
| Sacramento   |                        | YES               |
| COUNTRY/REGION   |                        | MEDICAL INSURANCE |
|  |                        |                   |
| Q  |                        | •                 |
| US Hwy 1 S, Saint Augustine, Fl<br>Dr S, Saint Augustine, FL 32080 | +1 (904) 117-<br>1782  |                   |