



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

M

FIRST NAME

Weston

LAST NAME

918-644-9555

CONTACT NUMBER

918-565-1706

ALTERNATE NUMBER

COMPANY DATA BASE

martin@independenceassured.com

EMAIL ADDRESS

Perry Insurance &
Financial

COMPANY NAME

perryfn.com

WEBSITE URL

[655 University Avenue](#)

Address

[Sacramento](#)

City

[CA](#)

State

[95825](#)

ZIP Code

[Insurance Agents, Brokers, and Service](#)

SIC DESCRIPTION

[6411](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[212,500.01](#)

REVENUE (USD)

[Sacramento](#)

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