NEW GENERATION ODYSSEY INC. d.b.a. Odyssey Insurance Agency

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Automobile Insurance Questionnaire

lame	Birthda	te	CDL #
			L
reet Address			Apt# / Suite#
ty	State	ZIP	Phone
nail Address		Preferred Contact Method:	O Phone O Email
ease provide the names, dates of birt r all persons to be on this policy, exc		☐ I will have more th	nan five insured, including myself
r each automobile to be insured, pro ake & model, and VIN number:	vide the owner's name		more than four cars insured.
Please check the box(es) of the types	of coverage vou need:	☐ Bodily Injury	Uninsured Motorist
ultiple/varied coverage types can be discussed		Property Dam	nage Phyiscal Damage
		Towing	Car Rental
hen will your current automobile ins	urance policy expire?		
dyssey Insurance offers a discount to uto and home insurance. Would you l		○ Yes	○ No ○ Not Su

<u>DISCLAIMER:</u> Personal information provided on this form will only be used by Odyssey Insurance to research and provide you the requested insurance rate quote. Odyssey Insurance will not sell or give your personal information to any third parties for any reason outside of this request.

Once you have completed this form, you may submit the form to an Odyssey Insurance agent via email by clicking on the "**Submit by Email**" button below. You may also submit this form to Odyssey Insurance via fax, or in person; to do so, use the "**Print Form**" button below and refer to the contact information above.

Once your form has been processed, an Odyssey Insurance agent will contact you via email or phone within one business day.