

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

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Commercial/Business Insurance Questionnaire

Please answer the following questions to the best of your knowledge. An Odyssey Insurance agent will use your answers to obtain an insurance rate quote according to the guidelines you specify.

Owner's Name Name of Business

Street Address Apt# / Suite#

City State ZIP Phone

Email Address Preferred Contact Method: Phone Email

The Mailing/Billing Address and Business Address are different. (specify below)

Mailing Address Apt# / Suite#

City State ZIP Phone

What type of business are you in? How many employees do you have?

How long has the business been open? (yrs) How big is the office/property? (sq ft)

What is the gross receipt of your business? \$ **What is the coverage amount you need? \$**

How is this business run? Does your business have an alarm or sprinkler system?

Does your business have additional interests or claims?

What kind of business(es) do your neighbor(s) run?

Please specify any other business(es) you run, if any:

DISCLAIMER: 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.