

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

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Life 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.

Name	<input type="text"/>	Birthdate	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female
Street Address	<input type="text"/>			Apt# / Suite#	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Phone	<input type="text"/>				
Email Address	<input type="text"/>	Preferred Contact Method:	<input type="radio"/> Phone	<input type="radio"/> Email	

Do you have any illnesses? (please describe)

Do you have any disabilities? (please describe)

Have you undergone any surgeries? (please describe)

How much assistance are you requesting for Life Insurance? \$

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.