

# FOP LEGAL DEFENSE PLAN



## Group Application

### Lodge / Group Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### Contact Person Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Coverage Options

#### Full Coverage:

Administrative, Civil, Criminal, and Administrative Off-Duty  
Annual Rate           \$240.00 per participant

#### Payment Options:

Annual           Remit \$240.00 by check or credit card  
Semi-Annual    Remit \$120.00 by check or credit card  
                          Second half invoiced at \$120.00  
Quarterly        Remit \$60.00 by check or credit card  
                          Second quarter invoiced at \$60.00  
                          Third quarter invoiced at \$60.00  
                          Fourth quarter invoiced at \$60.00

#### Two Coverages:

Civil and Criminal  
Annual Rate:       \$60.00 per participant

#### Payment Options:

Annual           Remit \$60.00 by check or credit card  
Semi-Annual    Remit \$30.00 by check or credit card  
                          Second half invoiced at \$30.00

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## Payment Information

\_\_\_\_\_ I wish to pay by check *(If paying by check, make payable to: FOP Legal Plan, Inc. and submit to the address listed at the bottom of this form)*

\_\_\_\_\_ I wish to pay by credit card *(If paying by credit card, complete all information listed below.)*

VISA \_\_\_\_\_ Mastercard \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_ *By checking this box we will automatically renew your policy and deduct payment from your account, unless otherwise notified.*





