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www.openroaddriversplan.com

DRIVERS PLAN APPLICATION

COMPANY: _____

Please check one: [] COMPANY DRIVER [] OWNER OPERATOR

DRIVER: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ SOCIAL SECURITY NUMBER: XXX-XX-_____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EMAIL ADDRESS: _____ [] Yes! Please send me regular email updates regarding my Open Road membership.

MOBILE PHONE: (____) _____ [] Yes! Please send me regular text updates regarding my Open Road membership.
I acknowledge standard rates may apply.

COVERAGE IS EFFECTIVE BASED UPON RECEIPT OF THE APPLICATION AND INITIAL PAYMENT (OR THE FIRST PAYROLL/SETTLEMENT DEDUCTION BY YOUR COMPANY) AT OPEN ROAD DRIVERS PLAN® HOME OFFICE OR BY AUTHORIZED REPRESENTATIVE.

METHOD OF PAYMENT

Frequency (Circle One): \$7.96 Weekly \$34.50 Monthly \$100.00 Quarterly \$394.00 Annually

Type (Circle one): VISA M/C A/E DSC Card #: _____ Exp Date: _____

TO THE COMPANY NAMED ABOVE:

I hereby apply to participate in the OPEN ROAD DRIVERS PLAN® and AUTHORIZE you to deduct from my earnings the necessary fees as set forth above to be paid to the OPEN ROAD DRIVERS PLAN® or its designate. This authority is to remain in effect until revoked by me in writing. I also understand that if I am no longer employed by or an owner/operator for the company named above, I must make my own arrangements to pay the plan fee or my participation will be canceled. I also understand and agree that the OPEN ROAD DRIVERS PLAN® may share with you information about my claims experience as part of your safety review. Plan Fees are a business expense and may change with 30 days written notice from ORD.

X _____ Date: _____
Signature of Applicant

REPRESENTATIVE Jose Correa DATE _____ PURCHASED STATE _____

FOR OFFICE USE ONLY
EFF DATE