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DRIVERS PLAN APPLICATION

| COMPANY: | | | | | | |
|---|---|---|---|--|---|---|
| Please check one: | □ СОМ | PANY DRIVE | R 🗆 | OWNER O | PERATOR | |
| DRIVER: | | | | SPOUSE | : | |
| ADDRESS: | | | | | | |
| CITY: | | | | STATE:_ | | ZIP CODE: |
| PHONE: () | | | soc | IAL SECUF | RITY NUMBER: XXX | (-XX- |
| DRIVER'S LICENSE I | NUMBER:_ | | | | | STATE: |
| EMAIL ADDRESS: | | | | | Please send me regular email upda | tes regarding my Open Road membership. |
| · | · | | | I ackı | nowledge standard rates may apply. | s regarding my Open Road membership. |
| COVERAGE IS EFFECTIVE DEDUCTION BY YOUR CO | | | | | | RST PAYROLL/SETTLEMENT PRESENTATIVE. |
| METHOD OF | PAYMENT | | | | | |
| Frequency (C | ircle One): | \$7.96 Week | kly \$34.50 |) Monthly | \$100.00 Quarterly | \$394.00 Annually |
| Type (Circle o | one): VISA A/E | M/C DSC Ca | ard #: | | | Exp Date: |
| TO THE COMPANY N | AMED ABO | /E: | | | | |
| above to be paid to the OPE stand that if I am no longer of | N ROAD DRIV employed by or eled. I also und | ERS PLAN® or it an owner/operato erstand and agre | s designate. The rest or the compare that the OPE | is authority is any named ab N ROAD DRI\ | to remain in effect until revo ove, I must make my own a /ERS PLAN® may share w | s the necessary fees as set forth oked by me in writing. I also under- urrangements to pay the plan fee or ith you information about my claims tice from ORDP. |
| x | | | | | Date: | |
| | Sig | gnature of Applica | ant | | | |
| REPRESENTATIVE_ | Jose Corr | ea | DATE | | PURCHASED STATE | FOR OFFICE USE ONLY EFF DATE |