

Gulf Atlantic Legal Defense Insurance, Inc.

STUDENT DEFENSE PLAN

ENROLLMENT FORM

APPLICANT INFORMATION

Name:

Date of birth:	SSN:	Phone:(H) (W) (C)
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Local address:

City:	State:	ZIP Code:
E-mail:(school)_____	DL No._____	
(personal)_____	State:_____	

Home (permanent) address:

City:	State:	ZIP Code:
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COLLEGE INFORMATION

College or University:

Hours Enrolled: _____ current semester / _____ last semester	Major:
Fr So Jr Sr (circle one)	Fraternity/Sorority (F/S): Y N (circle one) If yes, name of F/S:
Projected Grad. Yr.:	

EMPLOYMENT INFORMATION

Employer:

Address:	Phone:
City:	State:
ZIP Code:	

HISTORY

Have you ever been charged with a DUI/DWI, drug charge, or any felony? If the answer is yes, please explain and provide the current status:	Y N (circle one)
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PAYMENT INFORMATION

Your Policy is issued for a one-year term at a premium of **\$300**. You may pay your policy premium in full or select one of the payment plans listed below. Gulf Atlantic accepts CHECKS and CREDIT CARDS for any selected payment plan. **STEP ONE: SELECT YOUR PAYMENT PLAN. (please initial your selections)**

___ Plan 1 - Payment in Full	___ Plan 2 - \$60 down, with 3 bi-monthly payments of \$80	___ Plan 3 - \$50 down, with 10 monthly payments of \$25
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STEP TWO: SELECT YOUR PAYMENT TYPE (please initial your selections)

___ Personal check (only available for Plans 1 and 2 above)	___ Visa/MC/Discover	___ American Express
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STEP THREE: CREDIT CARD AUTHORIZATON (please initial your selection)

___ Plan 1. I authorize Gulf Atlantic to charge my credit card in the one time amount of \$300.00.
___ Plan 2. I authorize Gulf Atlantic to enroll me in Plan 2 above, with an initial charge of \$60.00 and three bi-monthly installments of \$80.00. The first installment will occur 60 days following the initial charge, and each subsequent installment will occur 60 days thereafter until the total premium of \$300.00 has been paid in full.
___ Plan 3. I authorize Gulf Atlantic to enroll me in Plan 3 above, with an initial charge of \$50.00 and ten monthly installments of \$25.00. The first installment will occur 30 days following the initial charge, and each subsequent installment will occur 30 days thereafter until the total premium of \$300.00 has been paid in full.

CREDIT CARD INFORMATION

Card No.	Visa Mastercard AmEx Discover (circle one)	Expiration Date ___/___ (month/year)
Name: (as printed on card)	Billing Address:_____	City/State:
Zip Code	Security Code:	

Signature:

YOU MUST READ THE DISCLOSURES AND ALSO SIGN ON THE BACK OF THIS ENROLLMENT FORM

DISCLOSURES AND CERTIFICATION

Gulf Atlantic Legal Defense Insurance, Inc.

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1. This enrollment form is an application for a Student Defense Plan Policy. The policy provides prepaid legal services for University and College students. The policy does not cover You for settlements, judgments, awards or other forms of damages for which you may become liable. If you have provided payment with this enrollment form, coverage will begin on the day our underwriters approve coverage. If you have not provided payment with this enrollment form, coverage will begin on the day after the later of the date we notify you that you have been approved or the date we receive your payment
2. Any person who knowingly and with intent to injure, defraud or deceive any insurer files any statement of claim or an application containing any false, incomplete or misleading information is guilty of the third degree.
3. If transmitted to Gulf Atlantic by facsimile, you agree that the facsimile copy of this application received by Gulf Atlantic shall be, and shall have the same effect for all purposes, as the original.

Certification

I hereby certify that the above statements, representations and responses are true, complete and correct, and I understand and agree that Gulf Atlantic will rely on such statements, representations and responses in making a decision as to whether to issue a policy to me.

Signature of applicant:

Date: