



Corporate Offices: One Pre-Paid Way • Ada, OK 74820
www.LegalShield.com • 800-654-7757

LegalShield is the trade name of Pre-Paid Legal Services, Inc. and its subsidiaries.

- Select Applicable Subsidiary:**
- Legal Service Plans of Virginia, Inc.
 - Pre-Paid Legal Services, Inc.
 - Pre-Paid Legal Services, Inc. of Florida
 - Pre-Paid Legal Casualty, Inc.
 - Pre-Paid Legal Access, Inc.

| OFFICE USE ONLY | | | |
|-----------------|--|------|--|
| CWA | | PLAN | |
| FOB | | FRAN | |
| MODE | | GR# | |

BUSINESS OWNERS ENROLLMENT APPLICATION

MAS

Today's Date / /
MM DD YYYY

Please Choose plan: Small Biz 10 Small Biz 50
 Small Biz 100 **Add:** GoSmallBiz

A \$10 non-refundable fee is required for individual enrollments in FL, MA, and TN. Please print LEGIBLY in ALL CAPITAL letters, using ONLY BLUE or BLACK INK.

1 Member Information

The information you provide on this application is considered non-public information and LegalShield takes care to protect your information.

Federal Tax ID # _____ Type of Business _____
For Internal Use Only

Business Name _____ Owner _____
(Authorized to add/delete plan users)

Number of Employees _____ State this business is organized in _____

Is stock of the business publicly traded? Yes No • I realize NON- PROFIT entities are NOT covered by this plan.
Is this a FOR PROFIT business? Yes No

Address _____ Apt.#/Ste# _____

City _____ State _____ Zip + 4 _____

Phone # () _____ () _____ () _____
Business Ext. Home Cell

Email (Provide your email to receive a monthly newsletter. Note: We do not sell your personal information to any third parties.)

2 Authorized Users

At least one authorized user must be in a position to legally bind the Business.

Name _____ Name _____
Last, First Title Last, First Title

Name _____ Name _____
Last, First Title Last, First Title

Associate Use Only

Associate # _____ Bus. Phone () _____

Associate Name _____ MI _____
Last First

Associate SSN _____ Associate Lic. Number _____
(If Licensed) (In Florida)

Commission Split _____ Broker/Producer _____
(Associate #)

APP.BUS (8.14)

Associate Signature **X** _____

3 Payment Information Fill out the ONE payment option you prefer.

Your credit card charge or check is your receipt.

Please fill out for options below: **OPTION 1 (Bank Draft) or OPTION 2 (Credit Card) payment option**

\$. + \$. = \$.

Monthly /Annual draft/
Charge amount

One-time
enrollment fee

Total enclosed by check,
money order, or charged
to credit card

(If paying by credit card, I realize my first charge will include a one-time enrollment fee where applicable.)

OPTION 1: **Monthly** Or **Annual Bank Draft** / **Checking Account** (Attach check from account to be drafted.) Or **Savings Account** (Attach verification.) Authorization for Electronic Premium: I authorize LegalShield, to make direct payment by charge/draft of my checking/savings account from the Financial Institution listed below. This authority will remain in effect until you notify us in writing to terminate the authorization.

Name of Bank _____

Address _____ **City** _____ **State** _____ **ZIP + 4** _____

Account # _____ **Transit #** _____

When you provide a check as payment, you authorize LegalShield to convert the paper check to an electronic fund transfer from your account. Funds may be withdrawn from your account as soon as the same day payment is received. Your account will be drafted for the same amount each month on or about the effective date of your membership. You waive your right to notification of continued payment. If the amount or date of your payment changes, we will notify you at least ten days before the payment date.

OPTION 2: **Monthly** Or **Annual Payment by Credit Card** I wish to pay by credit card until I revoke this authorization in writing. I realize my account will be charged each month (or Annually).

Cardholders Name _____ Last _____ First _____ MI _____

Card # _____ **Exp. Date** ____/____
MM YY

MasterCard **Visa** **Discover** **American Express**

OPTION 3: **Annual Direct Bill** Or **Semi-Annual Direct Bill** I wish to pay Annually/Semi-Annually by check. Checks should be made payable to LegalShield.

Amount enclosed \$. Must include first payment and enrollment fee where applicable.

In AL, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **In FL**, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **In NJ**, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **In OR**, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. **In TN**, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: I understand the contract sets forth the terms of my membership. These terms include any exclusions or limitations and I agree to be bound by the same. I also understand, when possible, the company may electronically send the contract to me at my email address unless the applicant communicates to the insurer in writing that he/she does not agree to delivery by electronic means. If I have not listed an email address, the contract will be sent by regular mail. Also, if a state requires delivery through mail, the contract will be sent by regular mail. I understand my membership cards will be sent by regular mail. I may ask for a mailed copy of the contract at any time by calling Member Services at 1-800-654-7757. If I have not received my contract in 10 days, I understand I should contact LegalShield to obtain a copy. The contract, together with this application, acts as the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings or representations other than as set forth herein and in the contract.

By signing this application I confirm this business is legally operating in the United States and agree to the above Authorization of Payment and membership fees selected above.

Business Account Holders Signature **X** _____