



LEGAL DEFENSE PLAN APPLICATION

Lodge Name and Number: **St. Johns County #113** _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

PLEASE DESIGNATE PLAN:

LEGAL DEFENSE: _____

I hereby apply for enrollment in the FOP-FL Labor Council Committee **Legal Defense Plan** (LDP), and agree to abide by all the terms and conditions thereof. I understand that no coverage is in effect until this application is approved. To my knowledge, I am not presently named in any suits, action or proceeding or under investigation for a duty-related incident with the following exception.

Signature: _____ Date: _____

Approved by: _____ Date: _____
Lodge President