



Date \_\_\_\_\_

Re: (Policy Number) \_\_\_\_\_  
(Application for Insurance)

Applicant's Name \_\_\_\_\_

I am a bona fide dues paying member of \_\_\_\_\_

and desire to have my insurance placed in Safety Group No. \_\_\_\_\_

I agree to abide by all rules and regulations governing the conduct of such Group and authorize

Name of Group Manager \_\_\_\_\_

to act as my representative in all matters with the New York State Insurance Fund.

\_\_\_\_\_  
Name (Please Print) (Applicant)

\_\_\_\_\_  
Signed - Title (Applicant)

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**To Be Completed By Group Manager:**

Re: (Policy Number) \_\_\_\_\_  
(Application for Insurance)

This assured is a bona fide dues paying member of \_\_\_\_\_

\_\_\_\_\_ and is acceptable as a member of Safety Group No. \_\_\_\_\_

\_\_\_\_\_  
Signed - Title (Group Manager)

Date \_\_\_\_\_

