



Date: _____

Re: (Policy Number) _____
(Application for Insurance)

Applicant's Name _____

I am a bonafide dues paying member of _____
_____ Association and desire to have my insurance placed in
the proposed Safety Group for _____
_____ if and when one is formed.

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

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

Applicant Name (Please Print) Title

Applicant Signature

To Be Completed By the Proposed Group Manager:

Re: (Policy Number) _____
(Application for Insurance)

This assured is a bonafide dues paying member of _____

_____ and is acceptable as a member of
the proposed Safety Group for _____.

Signature & Title
(Proposed Group Manager)

Date: _____