



Date: _____

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

Applicant's Name _____

I 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

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

Name (Please Print)
(Applicant)

Signature & Title
(Applicant)

To Be Completed By Group Manager:

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

This assured is acceptable as a member of Safety Group No. _____.

Signature & Title
(Group Manager)

Date: _____