



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

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)

To Be Completed By Group Manager:

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

This assured is acceptable as a member of _____

Signed - Title (Group Manager)

Date _____

