



Date: _____

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

Applicant's Name _____

I am a bonafide dues paying member of Retail Group of New York, Inc.

_____ and desire to have my insurance placed in

Safety Group No. 544.

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

Friedlander Group, Inc.

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 a bonafide dues paying member of The Retail Group of New York, Inc.

_____ and is acceptable as a member of

Safety Group No. 544.

Signed - Title
(Group Manager)

Date: _____