



*New York State Insurance Fund*

Date: \_\_\_\_\_

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

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

I desire to have my insurance placed in Safety Group No. 582

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 acceptable as a member of Safety Group No. 582 .

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

Date: \_\_\_\_\_