



Date: _____

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

Applicant's Name _____

I desire to have my insurance placed in Safety Group No. 491 _____

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

Glatfelter Brokerage Services _____

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. 491 _____

Signed - Title
(Glatfelter Brokerage Services)

Date: _____