



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

Re: (Policy Number)   N/A    
(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)

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**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: \_\_\_\_\_