



Date: _____

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

Applicant's Name _____

I am a bonafide dues paying member of Wholesale Group of New York, Inc
_____ and desire to have my insurance placed in
Safety Group No. 551.

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.

Applicant Name	Title
(Please Print)	

Applicant Signature	

To Be Completed By Group Manager:

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

This assured is a bonafide dues paying member of Wholesale Group of New York, Inc

_____ and is acceptable as a member of
Safety Group No. 551.

Signature & Title
(Group Manager)

Date: _____