



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

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

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

I desire to have my insurance placed in Safety Group No. 585.

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

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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. 585.

\_\_\_\_\_  
Signature & Title  
(Group Manager)

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