



Date \_\_\_\_\_

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

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

I am a bona fide dues paying member of New York Farm Bureau Inc.

and desire to have my insurance placed in Safety Group No. 486

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

Name of Group Manager New York Farm Bureau Member Services 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 a bona fide dues paying member of New York Farm Bureau Inc.

and is acceptable as a member of Safety Group No. 486

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

Date \_\_\_\_\_

