



Date: _____

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

Applicant's Name _____

I am a bonafide dues paying member of Dairylea Cooperative Inc.

and desire to have my insurance placed in Safety Group No. 583.

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

Agri-Services Agency LLC

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) TBD
(Application for Insurance)

This assured is a bonafide dues paying member of Dairylea Cooperative Inc.

_____ and is acceptable as a member of

Safety Group No. 583.

Signed - Title
(Group Manager)

Date: _____