



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

(Firm Name) _____

I am a bonafide dues paying member of ASSOCIATED TRANSPORTERS
OF N.Y. INC. Association and desire to have my insurance placed in
Safety Group No. 524

I agree to abide by all rules and regulations governing the conduct of such Group and authorize
HILMONT ASSOCIATES, INC.

to act as my representative in all matters with the New York State Insurance Fund.

Signed - Title

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

This assured is a bonafide dues paying member of _____
_____ Association and is acceptable as a member of
Safety Group No. _____

Signed - Title