

15. IF AN ASSOCIATION OF EMPLOYERS, ASSOCIATION OF EMPLOYEES OR TRUSTEE OR TRUSTEES:
 (a) Attach a list of participating employers and a statement as to the source of funds for the payment of obligations.
 (b) Attach a certified list of trustees.
 (c) Attach a certified copy of trust indenture.
 (d) If application is signed by other than a trustee, attach evidence of authority to execute application.
 (e) Attach plan application.

16. ENTER NAMES OF OFFICERS

President	Vice-President
Secretary	Treasurer

IN ITEMS 17 THROUGH 23 BELOW, ENTER DATA FOR EMPLOYEES TO BE COVERED BY THIS APPLICATION.

17. LOCATIONS OF OFFICES, PLANTS OR BRANCHES TO BE COVERED BY SELF INSURANCE	18. AVERAGE NO. OF EMPLOYEES FOR PRECEDING 12 MONTHS	19. EMPLOYEE CONTRIBUTIONS FOR PRECEDING 12 MONTHS	20. ESTIMATED AVERAGE NO. OF EMPLOYEES FOR ENSUING 12 MONTHS	21. ESTIMATED CONTRIBUTIONS OF EMPLOYEES FOR ENSUING 12 MONTHS	NUMBER OF EMPLOYEES	
					22. UNDER SEC. 204	23. BY A PLAN
TOTALS →		\$		\$		

24. ATTACH A STATEMENT OF FINANCIAL CONDITION (a Form 10-K, an annual report or a certified independently audited financial statement)

STATE OF.....

County of..... SS.:

....., being duly sworn, says (s)he is the
of the above named applicant; that (s)he has carefully examined
 the foregoing statement and the facts therein set forth are true.

Sworn to before me thisday of
,

IMPRESS CORPORATE
SEAL HERE*

*If the corporation does not
have a seal, check here

.....
Signature of Owner, Partner or Authorized Official

.....
Title

My commission expires.....

FOR BOARD USE ONLY					
GREATER YR. NO. OF EMPLOYEES	ONE HALF OF CONTRIBUTIONS	MINIMUM EXPOSURE	ADDITIONAL EXPOSURE	ADDITIONAL FOR OTHER FACTORS	TOTAL EXPOSURE DEPOSIT
	\$	\$	\$	\$	\$

Information contained in this application shall not be open to public inspection.