

"Columbia"



MDCCLXX

In reply to yours of \_\_\_\_\_ inst.

STATE OF MISSOURI.

INSURANCE DEPARTMENT

C. P. ELLERBE, Superintendent

ANDREW VAN WORMER, Dep't. Supt.

Saint Louis, Dec. 15th, 1891.

Elias Carr, Esq.,

Old Sparta, N.C.

Dear Sir:-In response to yours of the 10th inst., permit me to say that the third and final dividend on allowed claims against the "Columbia Life Insurance Co.," (dissolved) has not yet been declared and paid. As soon as I am able to convert the assets of said company into money and the circuit court of this city, which has charge of its affairs, orders me to make a dividend, said last payment will be made to claimants. When such order is made by the court, you will be notified of the fact and receipt enclosed to be signed for such sum as may be due you.

Very truly yours,

C. P. Ellerbe

Superintendent.

S.

RECEIVER'S OFFICE COLUMBIA LIFE INSURANCE CO.

St. Louis,

Feb 28<sup>th</sup> 1878.

Received of

Cleas Carr

his Policy

No. 9672 issued by the

St Louis

Life Ins. Co.,

dated May 21, 1874, for \$3000.00

to be filed as evidence for the adjustment

of his claim against the Columbia Life Ins. Co.

L. E. ALEXANDER, RECEIVER.

By Edward Morrison Cashier.

RECEIVER'S OFFICE,  
Columbia Life Insurance Co.

St. Louis, Mo.

*Aug 10*

1883

Under an order of the Circuit Court of the City of  
St. Louis, of June 14, 1883, you are entitled to a dividend  
of 5 per cent. on your claim allowed at \$ *72 69/100*

against the Columbia Life Insurance Company, based on  
*St Louis Life* policy.

Upon the return of the enclosed receipt, *+ duplicate* signed as  
indicated, the amount stated therein will be sent by a  
check on the **THIRD NATIONAL BANK** in this city.

In no case will this payment be made unless the  
*+ duplicate* receipt is duly signed and returned, or presented at this  
office, such a receipt being necessary, as a voucher, in  
settlement with the Court.

L. E. ALEXANDER,

RECEIVER.

Policy No.  
317

DIVISION C  
AMOUNT \$ 3000.00

# The American Accident Company



OF LOUISVILLE, KY.

In Consideration of the statements, agreements and warranties made in his application for this Policy and of the sum of Seven DOLLARS (\$ 7.00 ),

## HEREBY INSURES

(SUBJECT TO CONDITIONS ON BACK HEREOF, WHICH CAN NOT BE WAIVED OR ALTERED BY ANY AGENT.)

Edgar Carr Jr. of Shiloh, N. C.  
by occupation a Superintendent (not working) under Division C  
for the term of Three (3) calendar months beginning at noon on the Twenty-second day of March 1890, and upon further payments for such further time as provided in the conditions indorsed hereon.

In the sum of **\$15.00** per week, against loss of time not exceeding fifty-two consecutive weeks, resulting from bodily injuries effected during the term of this insurance, through EXTERNAL, VIOLENT and ACCIDENTAL MEANS, which shall, independently of all other causes, immediately and wholly disable him from transacting any and every kind of business pertaining to his occupation as described in application.

Or, in the sum of **\$3.00** per week, not exceeding twenty-six consecutive weeks, if such injuries shall only partially disable the Insured so that he can attend to some portion of his business (or in case he shall have so far recovered from temporary total disability as to be able to attend to some portion of his business), but not the whole thereof.

Or, if the loss of one eye shall result from such injuries alone within thirty days, will pay the Insured the sum of **\$200.00** in lieu of said weekly indemnity.

Or, if the loss of one entire hand or one entire foot, or the loss of the entire sight of both eyes, shall result from such injuries alone within thirty days, will pay the Insured in lieu of such weekly indemnity the sum of **\$750.00**. Or, if at the end of fifty-two weeks from the happening thereof it is satisfactorily proven that the injuries sustained will permanently and entirely disable the Insured during life from any and all occupations, will pay the Insured the sum of **\$1,500.00** upon the surrender and cancellation of this Policy together with a receipt in full for all claims against said Company.

Or, in event of the loss of two entire hands or feet, or one entire hand and one entire foot, solely through the injuries aforesaid within thirty days, will pay the Insured the sum of **\$1,500.00** if he survives, or, if death result from such injuries alone within ninety days, will pay **\$3,000.00** to

Eleanor & A. B. Carr his Sisters if surviving, or in event of their prior death, to the legal representatives of the INSURED.

EXCEPT that if the Insured is injured in any occupation or exposure classed by this Company as more hazardous than that herein given and named in his application, or if through any physical disability he is not entitled to a Policy in division herein named, the Insured or his beneficiary shall be entitled only to such sums as are named in the division in which such more hazardous occupation or exposure is classed by this Company.

The amounts insured are payable only out of the earnings of the Company, and out of the guaranty fund of One Hundred Thousand Dollars mentioned in the Certificate endorsed on the application for this Policy, said guaranty fund being subject and intended to make good any deficiency in earnings to meet losses under the policies issued after May 16, 1889, by this Company, it being understood and provided that upon the payment in full of all claims arising under this Policy, and upon the cancellation of all outstanding policies, then the said guaranty fund may be withdrawn by the persons depositing the same.

In Witness Whereof, THE AMERICAN ACCIDENT COMPANY has caused this Policy to be signed by its President and Secretary at the Company's Principal Office in LOUISVILLE, KY.,

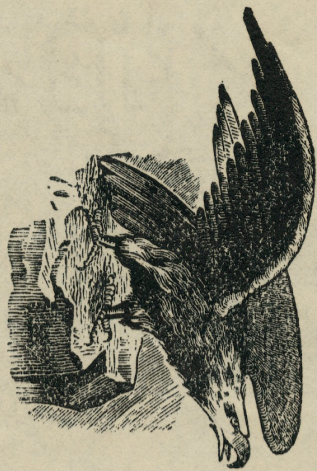
this 22nd day of March 1890.

W. D. Diltingham  
PRESIDENT

Robt. Kane Jr.  
SECRETARY.

IMMEDIATE NOTICE MUST BE GIVEN OF DEATH  
OR INJURY BY ACCIDENT.

**READ YOUR POLICY.**



# AMERICAN ACCIDENT

COMPANY

OF LOUISVILLE, KY.

NAME

*Oliver Bonnell*

Address

*Tabor, N. C.*

Policy No.

*317*

Division C.

Date

*March 22 1890.*

Amount Insured

\$3,000.00

Weekly Indemnity

\$15.00

Annual Premium

\$15.00

## CONDITIONS

UNDER WHICH THIS POLICY IS ISSUED BY THIS COMPANY AND ACCEPTED BY THE INSURED.

1. This Policy shall not take effect unless the Insured has made the required payments herein within the time specified and previous to any accident for which claim is made, and shall become void whenever the Insured shall reach the age of 65 years; and the Company may cancel it at any time by mailing notice of cancellation directed to the Insured at the address supplied by him in writing to said Company, and in case of such cancellation will, on demand, refund said payment less a pro rata share for the time it has been in force.

2. PAYMENTS. The cost to the Insured in full divisions as classed by this Company for the first twelve months from date of the Policy shall be \$17.00, payable on or before the delivery of said Policy or upon the delivery of a receipt for the Policy. Thereafter the cost shall be \$15.00 per year, payable in advance as aforesaid. Payments may be made in three installments as follows, viz: \$7.00 for the first three months, payable in advance as aforesaid; \$5.00 for the next four months following, payable on or before the expiration of the first three months, and \$5.00 for the remaining five months, payable on or before the expiration of the first seven months. Thereafter the payments may be made in three installments of \$5.00 each, payable as described hereinbefore. The cost to the Insured in half divisions (for half the amounts in full divisions) shall be \$10.00 for the first twelve months, and thereafter \$7.50 per year, payable in advance as in full divisions; payments in installments to be made as provided for in full divisions, except that first payment shall be \$5.00, and each payment thereafter \$2.50. Payments are valid only when paid to the Company at its principal office in Louisville, Ky., or to an authorized agent of the Company upon the delivery to the Insured of a receipt for such payment signed by the Secretary. No claim shall be valid for injury happening at any period between the expiration of the time fixed for payment and the time when payment is actually made.

3. The Company's total liability in any one year under this policy shall not exceed in any case the sum of \$5,000.00, and in case of death, loss or other injury for which said amount is payable, all indemnity paid to the Insured during the preceding twelve months shall be deducted from said principal sum, and if the Insured has procured, or shall hereafter procure, additional accident insurance in this or any other company, and the aggregate amount of weekly indemnity named in said policies or certificates exceeds his weekly earnings, he shall be entitled to receive under this policy and insurance only such proportion of the weekly indemnity provided herein as his weekly earnings shall bear to the aggregate amount of weekly indemnity for which he is insured. The Insured is required to notify the Company immediately in writing of any change from the occupation under which this policy and insurance are granted.

4. Immediate written notice of any accidental injury or death for which claim may be made must be given to the Company at Louisville, Ky., with full particulars thereof—when, where and how it occurred—with full name and address of the Insured; and failure to give such notice shall invalidate all claims under this insurance; and unless affirmative and positive proof of death, or loss of limb, or sight, or of duration of disability is so furnished within six months from the date of death or within thirty days from the date of the termination of the period of total disability, then all claims based thereon shall be forfeited to the Company. No legal proceedings for recovery hereunder shall be brought within three months after the receipt of such proof at the Company's office in Louisville, Ky., nor at all unless begun within one year from date of alleged accident. All claims under this policy shall be subject to proof of insurable interest, and payable within sixty days after receipt of satisfactory proofs. And any medical advisor of the Company shall be allowed when and as often as he requires to examine the person or body of the Insured in respect to alleged injury or cause of death. A copy of any assignment under this policy shall be furnished the Company within thirty days, and the Company shall not be held responsible for its validity.

5. No claim for indemnity in excess of the limit provided by this Company for the occupation in which the Insured may have been killed or injured shall be valid, nor shall any claim in excess of \$10,000.00 with \$50.00 weekly indemnity (whether under policies and tickets taken together or separately) be valid; all sums paid for such excess insurance and indemnity, or either, shall be returned on demand to the Insured or his legal representative.

6. This insurance does not cover disappearances, nor suicide while sane or insane, nor injuries of which there is no visible mark upon the body, nor accidental injuries or death resulting from, or caused directly or indirectly, wholly or in part, by Hernia, Fits, Vertigo, Somnambulism or disease in any form, or bodily infirmity; nor from taking poison, or contact with poisonous substances, nor from inhaling gas, chloroform or any anæsthetic in any form or manner; surgical operation or medical treatment, dueling, fighting or wrestling, war or riot, lifting or over-exertion, gymnastic or athletic sports (unless solely for recreation), sunstroke or freezing, riding or driving races, voluntary exposure to unnecessary danger (except in an effort to save human life), nor extend to or cover intentional injuries inflicted by the Insured or any other person, or injury or death happening while the Insured is under the influence of intoxicating drinks or narcotics, or in consequence thereof, or while violating law or rules of any company or corporation, or while in mines or employed in mining, blasting or wrecking, or in the manufacture, transportation or use of gunpowder or any other explosive compound (except gunning for pleasure), entering or trying to enter or leave a moving conveyance using steam as a motive power, standing or riding upon a platform of any such conveyance, or walking or being on a railway bridge or roadbed (railway employes excepted).

7. This policy covers, subject to all restrictions named, travel by regular passenger or mail lines to and from, and residence in, any civilized portion of the Globe, in time of peace.