

# Accidents Happen Every Day—You May be Next

## THE KLAMATH NEWS

### Offers to Every Reader a Travel and Pedestrian Accident Insurance Policy Which Pays You

**Three Hurt Street Cars**

Passengers Thrown From Street Cars as They Were Struck and Flung From Rails


Three persons were injured this morning when a Municipal Market street car, at Blinn street, was struck and knocked from the rails by a street car. The passengers were thrown from their seats with broken glass.

**THE INJURED**

Edward McGough, 1024 Florida street, and Louise of the same address, E. J. Beck, 2125 Union street, were injured.

Walter Nelson, 2125 Mission street, the driver of the car, was taken to the emergency hospital.


According to statements made by the police, Maurice Schuster, who was driving the street car, was struck and then started across the street car, driven by James Mitchell, and in the middle. No arrests were made.

 **\$7,500.00**

**FOR LOSS OF LIFE** or certain injuries specified in the policy **SUSTAINED BY THE WRECKING OR DISABLEMENT OF ANY RAILROAD PASSENGER CAR OR PASSENGER STEAMSHIP OR STEAMBOAT OR LICENSE FERRYBOAT, INTERURBAN OR STREET RAILWAY CAR, ELEVATED RAILWAY CAR OR SUBWAY CAR, IN WHICH THE INJURED IS TRAVELING AS A FARE-PAYING PASSENGER.** (See Part I printed below.)

 **\$2,500.00**

**FOR LOSS OF LIFE** or injuries specified in the policy **SUSTAINED BY THE WRECKING OR DISABLEMENT OF ANY PRIVATE AUTOMOBILE, MOTOR-DRIVEN CAR OR HORSE-DRAWN VEHICLE, IN WHICH THE INSURED IS RIDING OR DRIVING, OR BY BEING ACCIDENTALLY THROWN FROM SUCH AUTOMOBILE, CAR OR VEHICLE.** (See Part II of policy printed below.)

 **\$1,250.00**

**FOR LOSS OF LIFE** or certain injuries specified in the policy **SUSTAINED BY BEING STRUCK OR KNOCKED DOWN OR RUN OVER WHILE IN OR ON A PUBLIC HIGHWAY, BY ANY AUTOMOBILE, OR ANY VEHICLE PROPELLED BY STEAM, CABLE, ELECTRICITY, NAPHTHA, GASOLINE, HORSE, COMPRESSED AIR, OR LIQUID POWER** (excluding injuries sustained while on a Railroad Right of Way in violation of any Statute, or any Regulation of the Railroad Company.) See Part III of policy printed below.

**\$10.00 Per Week for 15 Weeks During Disability Resulting From Any Such Accident AND IT ONLY COSTS YOU \$1.50 PER YEAR**

Read and Note the Protection Given You in Parts One, Two, Three, Four and Five

How to Get This Policy

Simply fill out, sign and mail or bring in the Application Form with your agency, money order or personal check. Applications can be personally

## THE KLAMATH NEWS

Your Insurance is in force the minute your signed application with \$1.50

USE THIS APPLICATION

**PART ONE**

By the wrecking or disablement of any railroad passenger car or passenger steamship or steamboat or licensed ferryboat, interurban or street railway car, elevated railway car or subway car, in or on which the insured is traveling as a fare paying passenger, and such injuries so sustained shall result in any of the specific losses set forth in this Part I, provided such loss shall result within thirty days from date of accident. The Company will pay the sum set opposite such loss as follows:

FOR LOSS OF LIFE	\$7,500.00
For loss of both eyes	7,500.00
For loss of both hands	7,500.00
For loss of both feet	7,500.00
For loss of one hand and one foot	7,500.00
For loss of one hand and sight of one eye	7,500.00
For loss of one foot and sight of one eye	7,500.00
For loss of one hand	3,750.00
For loss of one foot	3,750.00
For loss of one eye	3,750.00
For loss of time, per week (as defined in Part 4)	10.00

Payment shall not be made for more than one loss enumerated in above payments.

**PART TWO**

(a) By the wrecking or disablement of any private automobile, motor driven car or horse drawn vehicle in which the insured is riding or driving, or by being accidentally thrown from such automobile, car or vehicle.

(b) By the wrecking or disablement of any public omnibus, taxicab or automobile stage, which is being driven or operated, at the time of such wrecking or disablement, by a licensed driver, paying for public hire, and in which the insured is traveling as a fare paying passenger.

(c) By the wrecking of a passenger elevator (elevator in mines excepted), in which the insured is riding as a passenger, provided always that such injuries sustained as described in sections (a), (b) and (c) of this Part Two shall result in any of the specific losses set forth below, and provided such loss shall result within thirty days from date of accident. The Company will pay the sum set opposite such loss as follows:

FOR LOSS OF LIFE	\$2,500.00
For loss of both eyes	2,500.00
For loss of both hands	2,500.00
For loss of both feet	2,500.00
For loss of one hand and one foot	2,500.00
For loss of one hand and sight of one eye	2,500.00
For loss of one foot and sight of one eye	2,500.00
For loss of one hand	1,250.00
For loss of one foot	1,250.00
For loss of one eye	1,250.00
For loss of time per week (as defined in Part 4)	10.00

Payment shall not be made for more than one loss enumerated in above payments.

**PART THREE**

(a) By being struck or knocked down or run over while in or on a public highway, by any automobile, or any vehicle propelled by steam, cable, electricity, naphtha, gasoline, horse, compressed air or liquid power (excluding

injuries sustained while on a railroad right of way in violation of any statute, or any regulation of the railroad company).

(b) By the burning of a dwelling house, hotel, theatre, office building, lodge room, club house, school building, store, church or barn while the insured is therein and provided the insured is therein at the beginning of the fire and is burned by such fire or suffocated by the smoke therefrom.

(c) By being struck by lightning, or in consequence of a cyclone or tornado.

(d) By the collapsing of the outer walls of a building.

(e) The result of accidental drowning at a public bathing beach during the time that a lifesaver is on duty, and not otherwise, provided always that such injuries sustained as described in sections (a), (b), (c), (d) and (e) of this Part Three shall result in any of the specific losses set forth below and provided such loss shall result within thirty days from date of accident, then the Company will pay the sum set opposite such loss as follows:

FOR LOSS OF LIFE	\$1,250.00
For loss of both hands	1,250.00
For loss of both feet	1,250.00
For loss of sight of both eyes	1,250.00
For loss of one hand and one foot	1,250.00
For loss of one hand and sight of one eye	1,250.00
For loss of one foot and sight of one eye	1,250.00
For loss of either hand	625.00
For loss of either foot	625.00
For loss of sight of either eye	625.00
For loss of time per week (as defined in Part 4)	10.00

Payment shall not be made for more than one loss enumerated in above payments.

The loss of any member or members specified in either Part One, Part Two or Part Three shall mean the loss by actual and complete severance at or above the wrist or ankle; loss of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

**PART FOUR**

If the insured shall, during the term of one year from the beginning of the insurance covering such insured, as provided herein, by the means and under the conditions recited in Part One, Part Two or Part Three be (immediately and wholly disabled and prevented by injuries so received, from performing any and every duty pertaining to his or her usual business or occupation, the Company will pay for a period not exceeding fifteen (15) consecutive weeks, accident indemnity at the rate of Ten Dollars (\$10.00) per week.

**PART FIVE**

Each consecutive renewal hereof without default in payment of premium will increase the amount of benefits herein provided for death, dismemberment, or loss of sight of the insured incurred under conditions as described in Parts Two and Three, at the rate of ten per cent of the original amounts until fifty per cent is thus added, and thereafter so long as this policy shall remain in continuous force the insurance will be for the said original amounts in addition to the accumulations.

**Policy Increases 10% Every Year for Five Years (See Part Five)**

**APPLICATION**

DO NOT WRITE HERE

To A. E. LaDIEU, Registrar: Date .....

I hereby apply for the \$7,500.00 Accident Insurance Policy, issued by the Continental Company exclusively to regular readers of The Klamath News, for which I enclose premium and registration fee.)

In consideration of receiving said policy, I hereby agree and certify as follows:

Present Subscribers Check Here  I am at present a regular subscriber to The Klamath News and continue as such during the policy year.

New Subscribers Check Here  I hereby enter my subscription to The Klamath News, and immediately and to continue during the policy year. I enclose the regular subscription price of \$1.50 per month in advance.

(WRITE PLAINLY WITH PENCIL—INK WILL BLOT)

NAME ..... AGE .....

Street Address ..... Apt. No. ....

City ..... Occupation .....

R. F. D. .... Box No. .... State .....

A married woman should give her own name, not her husband's; for instance, Mrs. Mary Smith, not Mrs. John Smith.

**FILL OUT AND MAIL THIS APPLICATION AT ONCE with \$1.50 in currency, money order or check PAYABLE TO THE KLAMATH NEWS INSURANCE DEPT., Klamath Falls, Oregon**

CLIP COUPON CLOSE TO THE BORDER