

# Torrance Herald

—AND COMPANION NEWSPAPERS

Offers To Its Readers A Remarkable  
**LOW COST** Travel, Pedestrian And  
Automobile Insurance Policy Paying Up To

# \$10,000.00

One Dollar A Year Insures You Against Loss of Life, And  
Loss of Time From Total Disability!

Through special arrangement with the California Life Insurance Company this newspaper now offers to its old and new subscribers a \$10,000.00 Travel, Pedestrian and Automobile Accident Insurance policy for the remarkable low cost of \$1.00 a year (ages 15 to 59) \$1.25 (ages 5 to 14 and 60 to 79). Here is in-

urance that EVERY FAMILY CAN AFFORD . . . and it is the kind of insurance that no family can afford to be without!

This policy will pay all benefits in addition to any other insurance you may have.

**NOW!**

**ONE DOLLAR**

*insures*

**YOU**

*for*

**ONE YEAR!**

*Includes*

**\$600.00**

**LOSS OF TIME FOR TOTAL DISABILITY**

*and*

**\$100.00**

**HOSPITAL BENEFIT**

**ACT NOW! MAIL APPLICATION TODAY!**

**\$600.00**  
for **LOSS OF TIME**  
from **TOTAL DISABILITY**  
and  
**\$100.00**  
**Hospital Benefit**

This policy not only insures you against automobile accidents, but from many other kinds of injury; street car wrecks, struck by an automobile while walking, burning buildings, or injury from earthquake or death by drowning and other benefits provided by this policy!

You don't have to die to be paid by this policy. If you are injured in any of the accidents shown in the chart at the right, or specified in the policy, you will be paid monthly benefits for total disability up to \$600.00 and \$100.00 FOR HOSPITALIZATION!

**IMPORTANT**

Every member of your family and relatives living at the address where this newspaper is delivered can have one of these policies.

**TRAVEL AND PEDESTRIAN ACCIDENT POLICY**



**INSURANCE COMPANY**  
OAKLAND, CALIFORNIA  
(Organized 1920)

**TRAVEL PEDESTRIAN ACCIDENT POLICY**



**INSURANCE COMPANY**  
OAKLAND, CALIFORNIA  
(Organized 1920)

| CALIFORNIA LIFE INSURANCE<br>TRAVEL, PEDESTRIAN AND AUTOMOBILE ACCIDENT INSURANCE   |   |                                   |   |
|---|---|-----------------------------------|---|
| POLICY GIVES YOU ALL THESE BENEFITS   |   |                                   |   |
| BENEFITS PAID DIRECTLY BY THE CALIFORNIA LIFE INSURANCE CO.   | FOR LOSS OF LIFE OR TWO MEMBERS OF BODY | FOR LOSS OF SINGLE MEMBER OF BODY | FOR LOSS OF TIME TOTAL DISABILITY   |
| By wrecking or disabling of any railroad passenger car.   | \$10,000                                | \$5,000                           | \$100 a month for 6 months up to \$600.00, 50% Hospital Indemnity for 2 consecutive months.   |
| By wrecking or disabling of a steamship or street railway, elevated or subway car while riding as a fare paying passenger or  | \$5,000                                 | \$2,500                           | \$100 a month for 6 months up to \$600.00, 50% Hospital Indemnity for 2 consecutive months.   |
| By wrecking or disabling of a private pleasure type of taxicab, public passenger bus, stage, passenger elevator, street car, trolley, or being struck by lightning, school, library, municipal building, church, or by accidental drowning. | \$1,000                                 | \$500                             | \$30.00 a month for 6 months up to \$180.00, 50% Hospital Indemnity for 2 consecutive months. |
| By wrecking or disabling of private commercial auto, truck, taxi, bus, street railway, subway, street car, trolley, or being struck by lightning, school, library, municipal building, church, or by accidental drowning.                   | \$1,000                                 | \$500                             | \$25 a month for 6 months up to \$150.00, 50% Hospital Indemnity for 2 consecutive months.    |

*Benefits are subject to provisions of the Policy*

**IMPORTANT! 50% HOSPITAL INDEMNITY BENEFIT PAID ON ALL OF THE ABOVE ACCIDENTS • \$600.00 FOR LOSS OF TIME FROM TOTAL DISABILITY • AND \$100.00 HOSPITAL BENEFIT**

**SUBSCRIPTION RATES**

TORRANCE HERALD  
THURSDAY & SUNDAY

Monthly 30c  
6 Months \$1.80  
1 Year \$3.60

Your Subscription entitles you to receive both papers.

You may pay for your subscription on a monthly, 6 month, or yearly basis—as long as you subscribe for at least one year.

## Torrance Herald

**\$10,000.00 TRAVEL, PEDESTRIAN AND AUTOMOBILE ACCIDENT INSURANCE**

I apply for the \$10,000.00 TRAVEL, PEDESTRIAN, and AUTOMOBILE ACCIDENT POLICY, issued to subscribers of this newspaper by special arrangement with the CALIFORNIA LIFE INSURANCE COMPANY, and herewith pay the registration fee of \$1.00 (ages between 15 and 59) or \$1.25 (for ages between 5 to 14 and 60 to 79). In consideration of said policy I hereby agree to certify as follows:

**CHECK SQUARE THAT APPLIES**

I hereby subscribe to this newspaper for a period of not less than one year.  **NEW**

I am at present a subscriber and will continue for a period of not less than one year.  **OLD**

I am a relative of the family and live where this newspaper will be delivered for a period of not less than one year.  **OTHER**

SUBSCRIBER'S NAME \_\_\_\_\_  
First Middle Last

STREET ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ AGE \_\_\_\_\_

BENEFICIARY IN CASE OF DEATH \_\_\_\_\_  
First Last RELATIONSHIP \_\_\_\_\_

MARRIED WOMAN should give her own name, not her husband's (i.e., Jane Brown, not Mrs. Lydov Brown), according to the age of the person to be insured. The policy does not cover: (1) persons blind, deaf, crippled, or who have lost an eye or a limb; (2) frequent law enforcement officers of mining or railway employees while on duty; (3) persons engaged in military or naval service; (4) home accidents. Understand thirty days may be required to issue and mail me my policy, that insurance protection starts at noon of the day the policy is dated and not before; that policy is subject to cancellation should the subscription to the paper be terminated.

SUBSCRIBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_ REPRESENTATIVE \_\_\_\_\_

Make all Checks Payable to Torrance Herald

If you want additional application blanks, or any further information—please call INSURANCE DEPARTMENT, Telephone CRestview 6-2341—BRadshaw 2-3411.