

Application for Membership

MINNESOTA COMMERCIAL MEN'S ASSOCIATION

A. J. ALWIN, Secretary

429-431 Palace Building

Minneapolis,

Minnesota

Health, Accident and Funeral Benefit Insurance

For Commercial Men Only.

Ten per cent Reserve Guarantee

The Minnesota State Law prescribes that our Association set aside 10% of all its assessment receipts for the purpose of maintaining a Legal Reserve. Under this law the Great State of Minnesota itself safeguards the Absolute Protection of our members; and our Association becomes a veritable Gibraltar of Strength and Responsibility. The "Minnesota" has complied with this law in detail.

Incorporated under the Insurance Laws of the State of Minnesota
September, 1905

Assessments are Made Quarterly.

Assessment rate to maintain Accident Insurance	\$2.00
Assessment rate to maintain Health Ins. not more than \$3 nor less than \$2.00	\$2.00
Assessment rate to maintain Funeral Benefit Insurance.....	\$1.00

We have never levied more than four assessments in any one year.

This is the largest organization of its kind in the Northwest. Because of its conservative management and care in the selection of its risks it has furnished to its members protection at the lowest cost on record. We are now prepared to provide for our members either Health, Accident and Funeral Benefit Insurance or any combination of these benefits, at a lower cost than the same forms of protection can be maintained in different associations, for the reason that our members contribute to the support of only one association.

OFFICERS

GEO. W. BARNES, President

JAS. F. GARROW, Vice President

A. J. ALWIN, Secretary

429-431 Palace Building, Minneapolis

DR. L. A. FRITSCH, Medical Director and Treasurer

Board of Directors.

GEO. W. BARNES, With National Casualty Co.

A. J. ALWIN, Formerly with G. H. Heineman Mfg. Co.

ALBERT STEINHAUSER, With New Ulm Publishing Co.

DR. L. A. FRITSCH, Ex-President State Board Med. Examiners

GEO. S. KOFFEND, With Bradshaw Bros.

B. F. SNOOK, With Franklin McVeagh & Co.

JAS. F. GARROW, With Griggs, Cooper & Co.

DR. A. A. CIRKLER, Examining Physician for Minneapolis

Age Limit	APPLICATION FOR MEMBERSHIP.	Answer all Questions Plainly
Accident . . . 18-60		
Health . . . 18-55		
Funeral Benefit 18-50		

NOTE TO APPLICANT. The applicant may select any particular form or combination of protection he desires by indicating with **X** mark and paying a membership fee of \$2 for each form of protection selected, and same must accompany the application. If the applicant is not accepted the membership fee will be returned to the applicant.

- ☐ Health Insurance, Membership Fee . . \$2.00
- ☐ Accident Insurance, Membership Fee . . \$2.00
- ☐ Funeral Benefit Ins. Membership Fee . . \$2.00

I hereby apply for membership in the Minnesota Commercial Men's Association and desire protection as indicated by **X** mark in square above: my application to be based on the following statements which I warrant to be true, full and complete. I enclose membership fee as stipulated for protection selected.

- Name in full _____
BE SURE AND WRITE YOUR NAME IN FULL
- Age _____ 3. Weight _____ 4. Height _____ ft. _____ in.
- P. O. Address where Town _____ State _____
Notices are to be sent Street and No. _____
- Residence Address Town _____ State _____
Street and No. _____
- Name of firm you represent _____
- Location of firm Town _____ State _____
Street and No. _____
- Give business of firm _____
- Are they wholesale or retail dealers? _____
- In what capacity do you represent your firm? _____
- Does your occupation require you to do any mechanical construction, inspection or expert work? _____
If any, state the number of weeks or months you are so engaged during the year and give particulars _____
- If selling goods, do you sell to consumers or dealers? _____
- Have you ever received indemnity for accidental injuries or illness? _____ If so, give particulars names of Companies or Associations, dates and amounts received _____
- If you have suffered accidental injuries or illness have you fully recovered? _____
- Have you been refused indemnity for accidental injuries or illness? _____ If so, give names of Companies or Associations, dates and reasons for such refusals _____
- Has any Life, Health or Accident Insurance Company or Association rejected your application, declined to reinstate you, cancelled your Policy or Certificate of Membership, expelled you on requested you to resign? If so, give particulars and name of Company or Association, and date _____
- Have you any other accident or health insurance? _____ Give name of Company or Association, and amount of weekly indemnity in each _____
- Have you ever made application to or been a member of this Association before? _____
- Is the sight of either eye or the hearing of either ear impaired? _____
- Have you ever received a rupture? _____ If so, which side _____
Do you wear a properly fitted truss? _____
- Have you ever had rheumatism? _____ If so, in what form? _____
Give the date of last attack _____

23. Have you suffered the loss of a limb or are you in any way crippled or deformed, or have you ever received any injury to the hip, spine, knee or ankle? If so, give particulars and state if you have fully recovered.



(If you are not affected with any of the above answer "NO".)

24. If you have now or if you have ever had any of the following diseases, state in blank space below and give particulars: Tuberculosis, Cancer, Paralysis, Apoplexy, (any history in the family) Brain, Spine or Nervous Trouble; Lung, Heart, Stomach, Liver, Kidney, Bowel or Bladder Trouble; Appendicitis, Rectal Abscess, Piles, Diabetes, Bright's Disease, Varicose Veins, Varicocele, Hydrocele, Enlarged Glands, Open sores, Venereal Diseases, Malaria, Broken down nervous system.



(If you are not affected with any of the above answer "NO".)

25. Have you undergone a surgical operation? If so, when and for what?
26. Have you now any chronic ailment, or any disease not mentioned above?
If so, what and when?
27. Are your habits correct and temperate?
28. How many times have you been treated by a physician within the last three years?
If so, for what and when?
29. Do you use either malt or spirituous liquors in excess?
30. Do you use Opium, Chloral, Cocaine, Morphine or any other narcotic? If so, which one?
31. Do you understand that a Certificate of Membership, if issued to you, will not cover any injury, loss, disability or death which may happen while under the influence of, or in consequence of having been under the influence of intoxicating drink or narcotic, or either of them?
32. Are you now in good health?
33. Have you read and answered all questions? Look over and be sure.
34. Should you meet with an accident which causes death to whom do you wish the loss paid? Give full name relationship and address below.

35. BE SURE AND WRITE THE GIVEN NAME OF BENEFICIARY IN FULL
- | | |
|-------------------------------|-------------|
| Beneficiary (full name) | |
| Street and number | |
| Town | State |
| Relationship | |

DECLARATION.

I hereby expressly agree, if accepted as a member of the Minnesota Commercial Men's Association that the benefits to be paid me shall be those only as may be provided for in the certificate to be issued hereon. It being understood and agreed that such benefits, stipulated in the certificate to be issued hereon, are to be based on my occupation as herein stated. And if illness or injury occur while engaged in an occupation, different than that named herein, indemnity shall not extend to cover more than my actual salary or income derived under such changed occupation. I further agree that this application shall not be binding upon the Association until accepted at the home office and certificate issued thereon and mailed to the address above given.

SIGNATURE OF APPLICANT

Date Recommended by *A. J. Lewis*

The Annual Cost of Accident Insurance has never exceeded \$9.00

What it Pays

INDEMNITY SCHEDULES.

Accident.

For Loss of	Life by Accident	\$5,000.00
	Both Hands or Both Feet	5,000.00
	Both Eyes	5,000.00
	One Hand and One Foot	5,000.00
	One Hand or One Foot	2,500.00
	One Eye	1,250.00
Weekly Benefits for 104 Consecutive Weeks		25.00

Sick Benefit.

For the first week of Confining Sickness	\$10.00
Thereafter not exceeding 104 weeks	25.00

For non-confining but Totally Disabling Sickness

For the first week of sickness	\$ 6.00
For each week thereafter not exceeding 9 weeks	10.00

We have a special schedule for Tuberculosis,
Paralysis, Cancer and other hazardous diseases.

Funeral Benefit Insurance

Annual Cost \$4.00

If Death Occurs	After 30 days and within 90 days of date of membership	\$ 50.00
	After 90 days and within 6 months of date of membership	100.00
	After 6 and within 9 months of date of membership	150.00
	After 9 and within 12 months of date of membership	200.00
	After 12 months of continuous membership.....	400.00

General Examining Committee

THOMAS STILES INGERSOLL, 2525 Dupont Ave. So. Minneapolis,

GLENN. J. MILLAR, 2908 Fremont Ave. So. Minneapolis,

EMIL P. TRAGORDH, 3505 12th Ave. So. Minneapolis.