Application for Membership

MINNESOTA COMMERCIAL MEN'S ASSOCIATION

A. J. ALWIN, Secretary

429-431 Palace Building

Minneapolis,

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 Gibralter 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 Accid	lent Insuran	ce	and I will	\$2.00
Assessment rate to	maintain Heal	th Ins. not	more than \$	3 nor less	than \$2.00
Assessment rate to	maintain Fune	ral Benefit I	nsurance		\$1.00
We have neve	r levied more t	han four ass	sessments in	any one v	ear.

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. FRITSCHE, 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. FRITSCHE, 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 Accident . . . 18-60

22. Have you ever had rheumatism?

APPLICATION FOR

Answer

NOTE TO APPLICANT. The applicant may select any particular form or combination of protection he desire by indicating with X mark and paying a membership fee of \$2 for each form of protection selected, and same minust accompany the application. If the applicant is not accepted the membership fee will be returned to the application. Health Insurance, Membership Fee \$2.00 Accident Insurance, Membership Fee \$2.00 Intereby apply for membership in the Minnesota Commercial Men's Association and which I warrant to be true, full and complete. I enclose membership fee as stipulated for protection selected. 1. Name in full			Benefit		MEMBERSHIP.	Questions Plainly
Accident Insurance, Membership Fee \$2.00 Funeral Benefit Ins. Membership Fee \$2.00 Inereby apply for membership in the Minnesota Commercial Men's Association and desire protection as indicated by X mak 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	by	indic	ating wil	th X mar	rk and paying a membership fee of \$2 for each form of protection se	elected, and same must
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21 Have you are serviced and the state of th	20				OEO. S. KOC. Litt Mr. Brandaw Bros.	
Do you wear a properly fitted truss?	21	i. H	ave you	ever rece		
(If so, in what form?	1			25 70	BRANCE CONTRACTOR TO TAKE WE WANTED TO THE CONTRACTOR OF THE CONTR	

Give the date of last attack_____

23.	Have you suffered the any injury to the hip, sp	loss of a limb or are you in any way crippled or deformed, or have you ever received one, knee or ankle? If so, give particulars and state if you have fully recovered.
	Of you	are not affected with any of the above answer "NO".)
	(II you	are not anected with any of the above answer 100 .)
		INDICATORY SCHEDULLE
24.	particulars:-Tuberculous Trouble: Lung.	you have ever had any of the following diseases, state in blank space below and give losis, Cancer, Paralysis, Apoplexy, (any history in the family) Brain, Spine or Nerv Heart, Stomach, Liver, Kidney, Bowel or Bladder Trouble: Appendicitis, Rectal letes, Bright's Disease, Varicose Veins, Varicocele, Hydrocele, Enlarged Glands Diseases, Malaris, Broken down nervous system.
	CONTRACTOR OF STREET	are not affected with any of the above answer "NO".)
		The second of the second secon
		over the first transfer the first transfer trans
	95.00	
25.	Have you undergone a	surgical operation ?If so, when and for what?
26.	Have you now any ch	pronic ailment, or any disease not mentioned above?
	If so, what and when?	For the last week of Containing Sickness
27.	Are your habits correct	ct and temperate?
28.		e you been treated by a physician within the last three years?
20	If so, for what and wh	lt or spirituous liquors in excess ?
29.		Chloral, Cocaine, Morphine or any other narcotic? If so, which one?
31.	D. was and asked	that a Certificate of Membership, if issued to you, will not cover any injury, loss, nich may happen while under the influence of, or in consequence of having been
		ntoxicating drink or narcotic, or either of them?
32.	Are you now in good	We have a special schedule for Tuper Chlosh
33.		nswered all questions? Look over and be sure
34.	Should you meet with relationship and address	an accident which causes death to whom do you wish the loss paid? Give full name as below.
		Beneficiary (full name)
35.	WRITE THE GIVEN	Street and number
0.5	NAME OF BENEFI-	TownState
1.5		Relationship
occi nam	efits to be paid me shall lerstood and agreed that upation as herein stated and herein, indemnity shaped occupation. I furth	if accepted as a member of the Minnesota Commercial Men's Association that the be those only as may be provided for in the certificate to be issued hereon. It being such benefits, stipulated in the certificate to be issued hereon, are to be based on my . And if illness or injury occur while engaged in an occupation, different than that hall not extend to cover more than my actual salary or income derived under such er agree that this application shall not be binding upon the Association until accepted at ate issued thereon and mailed to the address above given.
SIC	GNATURE OF AF	PPLICANT
Dat	e	Recommended by J. Mivin

What it Pays

INDEMNITY SCHEDULES.

Accident.

	Life by Accident	5.000.00
answer "NO".	Both Hands or Both Feet	5.000.00
120000000000000000000000000000000000000	Roth Free	5,000.00
For Loss of	One Hand and One Foot	5.000.00
	One Hand or One Foot	2,500.00
	One Eye	1.250.00
Weekly Benefits for 1	04 Consecutive Weeks	25.00

Sick Benefit.

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

For non-confining but Totally Disabling Sickness

For the first week of sickness	204		M.3	200		ind.		\$ 6.0	00
For each week thereafter not ex	ceed	ding	9 w	eek:	s .	· ma	dilo	. 10.0	00

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

Funeral Benefit Insurance

Annual Cost \$4.00

If Death Occurs

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