

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!

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

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 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.

\$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.

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.

TRAVEL AND PEDESTRIAN ACCIDENT POLICY
CALIFORNIA LIFE
INSURANCE COMPANY
OAKLAND, CALIFORNIA
(Organized 1929)

TRAVEL PEDESTRIAN ACCIDENT CALIFORNIA LIFE
INSURANCE COMPANY
OAKLAND, CALIFORNIA
(Organized 1929)

CALIFORNIA LIFE INSURANCE 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 auto, home drawn vehicle, truck, bus, trackless trolley, stage, passenger bus, stage, passenger elevator, being struck by lightning, 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 a private commercial auto, truck, taxicab, trackless trolley, bus, street car, coach, auto stage, street rail, elevated or subway, motor driven farm implement, being struck or run over while walking, standing on public street, highway by auto, collapse of outer walls of building, struck by falling debris from building or struck by cyclone or tornado.	\$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

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:

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

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

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

CHECK SQUARE THAT APPLIES

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. Lloyd Brown). Each member of the family living at subscriber's address may purchase a policy by paying the registration fee 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) firemen, law enforcement officers or 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