

This Policy is Renewable at the Option of the Company Only and Provides Payment for Loss Due to Expense resulting from Poliomyelitis—to the Extent Herein Limited and Provided

CONTINENTAL CASUALTY COMPANY

A STOCK COMPANY

General Office: Chicago, Illinois

HEREIN CALLED THE COMPANY

HEREBY INSURES

Hiroshi Takeda of **Milpitas, California**

(herein called the Insured) against loss by reason of expense incurred by the Insured and resulting from poliomyelitis; to the extent herein limited and provided.

SCHEDULE

Effective Date of Policy	Limit of Expense Payable	Term Premium	First Renewal Premium Due Date
September 10, 1951	\$5,000.00	\$5.00	September 10, 1953

This policy is issued in consideration of the payment in advance of the term premium stated in the Schedule which includes premium for attached riders, if any. After taking effect this policy continues in force until the first renewal premium due date. It may be renewed, subject to the consent of the Company, for further periods by the payment in advance of premium at the Company's premium rate in force at time of renewal. The Company's acceptance of premium shall constitute its consent to renewal. Unless renewed as herein provided, this policy shall, except as provided in Part II, terminate at the expiration of the period for which premium has been paid. All periods of insurance shall begin and end at twelve o'clock noon, Standard Time, at the residence of the Insured.

Part I. EXPENSE PAYABLE

When the Insured shall, by reason of Poliomyelitis which first manifests itself after the effective date of this policy, require treatment commencing while this policy is in force the Company will pay for the following items of expense actually incurred therefor within three years after the date of the first treatment, not to exceed in the aggregate the Limit of Expense Payable stated in the Schedule:

1. HOSPITAL CARE—Hospital board and room, miscellaneous hospital supplies including drugs, medicines, physiotherapy and rental of necessary braces, crutches, or wheel chairs;
2. IRON LUNG—Rental of iron lung or other similar mechanical equipment;
3. MEDICAL CARE—The services of legally qualified physicians, osteopaths or physiotherapists;

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4. NURSING CARE—The services of licensed or graduate nurses not members of the Insured's family;
5. TRANSPORTATION—Transportation by aircraft or railroad from the place where the Insured is at the time Poliomyelitis first manifests itself to a hospital or sanitarium qualified to provide special Poliomyelitis treatment;
6. AMBULANCE SERVICE—The expense incurred for ambulance service to or from the hospital.

Part II.

PERIOD OF GRACE

After the payment of the first premium, the Company will give a grace of ten days for the payment of any subsequent premium and during this period of grace the insurance hereunder shall continue in force without the payment of premium but subject otherwise to all the provisions of this policy.

Part III.

STANDARD PROVISIONS

1. This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No reduction shall be made in any indemnity herein provided by reason of change in the occupation of the Insured or by reason of his doing any act or thing pertaining to any other occupation.
2. No statement made by the applicant for insurance not included herein shall avoid the policy or be used in any legal proceeding hereunder. No agent has authority to change this policy or to waive any of its provisions. No change in this policy shall be valid unless approved by an executive officer of the Company and such approval be endorsed hereon.
3. If default be made in the payment of the agreed premium for this policy, the subsequent acceptance of a premium by the Company or by any of its duly authorized agents shall reinstate the policy but only to cover such sickness as may begin more than ten days after the date of such acceptance.
4. Written notice of sickness on which claim may be based must be given to the Company within ten days after the commencement of the disability from such sickness.
5. Such notice given by or in behalf of the Insured or beneficiary, as the case may be, to the Company at its General Office in Chicago, Illinois, or to any authorized agent of the Company, with particulars sufficient to identify the Insured, shall be deemed to be notice to the Company. Failure to give notice within the time provided in this policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.
6. The Company upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not so furnished within fifteen days after the receipt of such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.
7. Affirmative proof of loss must be furnished to the Company at its said office within ninety days after the termination of the period of disability for which the Company is liable.
8. The Company shall have the right and opportunity to examine the person of the Insured when and so often as it may reasonably require during the pendency of claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.
9. All indemnities provided in this policy will be paid immediately after receipt of due proof.
11. All the indemnities of this policy are payable to the Insured.
12. If the Insured shall at any time change his occupation to one classified by the Company as less hazardous than that stated in the policy, the Company, upon written request of the Insured and surrender of the policy, will cancel the same and will return to the Insured the unearned premium.
14. No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless brought within two years from the expiration of the time within which proof of loss is required by the policy.

15. If any time limitation of this policy with respect to giving notice of claim or furnishing proof of loss is less than that permitted by the law of the state in which the Insured resides at the time this policy is issued, such limitation is hereby extended to agree with the minimum period permitted by such law.

Part IV.

MISCELLANEOUS PROVISIONS

No provision of the charter or by-laws of the Company not included herein shall avoid this policy or be used in defense in any legal proceeding thereunder. Any premium paid to the Company for any period not covered by this policy will be returned to the Insured.

No assignment of interest under this policy shall be binding on the Company unless or until the original or a duplicate thereof is filed at the General Office of the Company. The Company does not assume any responsibility for the validity of an assignment.

If any time limitation of this policy with respect to commencing an action at law or in equity is less than that permitted by the law of the state in which the Insured resides at the time this policy is issued, such limitation is hereby extended to agree with the minimum period permitted by such law.

CONTINENTAL CASUALTY COMPANY

Chicago, Illinois

POLICY NUMBER

16177492

Individual
Poliomyelitis
Expense Policy

This Policy is Renewable at the
Option of the Company Only and
Provides Payment for Loss Due to
Expense resulting from Poliomye-
litis—to the Extent Herein Limited
and Provided.

MOREY K. ASANUMA

Associated with Hallin & Bookwater

CY. 5-8914

867 NORTH 7th ST.

SAN JOSE,

CALIFORNIA

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In Witness Whereof, the CONTINENTAL CASUALTY COMPANY has caused this policy to be signed by its President and Secretary; but the same shall not be binding upon the Company unless countersigned by its duly authorized agent.

Robert M. Clark
Secretary.

Countersigned by *Frank J. Carson* Licensed Resident Agent.

Ray Vulliamy
President.