

The TRAVELERS
INSURANCE COMPANY
HARTFORD CONNECTICUT

CERTIFICATE OF INSURANCE

EMPLOYEE OF

**Mount Airy Chair
Company**

WINSTON FULTON, Agent
MOUNT AIRY, NORTH CAROLINA

CERTIFICATE
NO. 179

The TRAVELERS INSURANCE COMPANY

HARTFORD CONNECTICUT

This is to Certify that under and subject to the terms, conditions and provisions of a policy of group life insurance No. G 7850, issued and delivered to

Mount Airy Chair Company

(Hereinafter called the Employer)

by THE TRAVELERS INSURANCE COMPANY, Hartford, Connecticut,
(Hereinafter called the Company)

the life of **ASTOR BRYANT** is insured initially
(Hereinafter called the Employee)
for the sum of **ONE THOUSAND (1000)** Dollars
payable to **ELLAR BRYANT - Wife** as Beneficiary.

Payment of the amount of the Employee's insurance under said policy shall be made to the beneficiary designated by the Employee provided death shall occur while the group policy shall remain in force and

(a) while the Employee is insured thereunder in accordance with the terms, conditions and provisions thereof, or
(b) within one year from the date of termination of the insurance of the Employee and prior to the sixtieth anniversary of his date of birth, provided he shall have been wholly disabled and prevented by bodily injury or disease from engaging in any occupation or employment for wage or profit at the date of the termination of his insurance, and shall have been continuously so disabled from such date to the date of his death, and provided the due proofs of the death of the Employee, including proofs of such disability, shall have been received by the Company within six months of the date of death; except that no payment shall be made in any such case where the period from the date of termination of insurance to the date of death shall be greater than the period that the insurance of the Employee shall have been continuously in force at such date of termination or where the death shall occur on or after the Effective Date of an individual policy issued to the Employee in accordance with the provisions of the Conversion Privilege set forth below.

Under the group policy the Employee has the right to change the beneficiary.

The insurance of any Employee covered under said policy shall terminate when his employment with the Employer shall terminate, or prior thereto when the Employee shall cease to pay to the Employer the required amount to apply toward the premium for this insurance; provided, however, that in a case where, at the time of termination of employment the Employee shall be insured and shall be wholly disabled and prevented by bodily injury or disease from engaging in any occupation or employment for wage or profit the insurance will remain in force as to such Employee during the continuance of such disability and while the group policy shall remain in force until the Employer shall notify the Company to terminate the insurance as to such Employee.

Conversion Privilege

(Taken from the group policy)

Any Employee of the Employer covered under this group policy shall, in case of the termination of the employment for any reason whatsoever, be entitled to have issued to him by the Company without further evidence of insurability, and upon application made to the Company within thirty-one days after such termination and upon the payment of the premium applicable to the class of risks to which he belongs and to the form and amount of the policy at his then attained age, a policy of life insurance, in any one of the forms customarily issued by the Company, except term insurance, in an amount equal to the amount of the Employee's protection under this policy at the time of the termination of his employment. The issuance of such policy shall be a conversion of the Employee's insurance hereunder and shall as of the effective date and hour of the insurance under such individual policy, immediately and automatically terminate and cancel any insurance of the Employee hereunder then in force.

The policy provides that the amount of insurance in force on the life of the Employee is to be determined by the Plan of Insurance specified therein, a Summary of which is printed on the reverse side hereof.

THE TRAVELERS INSURANCE COMPANY,

Date **November 9, 1936**

M. M. Samudinger
Assistant Department Secretary

Summary of the Plan of Insurance

CLASS	OCCUPATION OR POSITION	AMOUNT OF INSURANCE
I.	Actively employed Partner, Auditor or Office Manager	\$3,000
II.	Office Employee or Foreman	2,500
III.	All other Occupations and Positions	1,000

The amount of the Employee's insurance is to be determined initially by his occupation or position in accordance with the above table; if the Employee's occupation or position shall change so as to place him in a different Class, the amount of his insurance is to be changed accordingly but no increase in the amount of insurance of any Employee shall become effective when he is not actually at work.

This Certificate is void if issued to an Employee who is not actually at work, or has not completed three months of service, on the date hereof; or if issued to a Salesman.