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The Lucinda Lenore Merriss Cornell Collection:
Ephemera

Lucinda Lenore Merriss Cornell Collection
(1855-1911)

3-26-1930

Insurance Remittance, Geneva Cornell, March 26, 1930

Geneva Cornell

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Hereby gives notice that the premium on this policy, less dividend, if so applied, will be due as stated below, and unless said premium is paid when due such policy will be forfeited as specified on the reverse side hereof.

REMIT AMOUNT DUE TO
WITH THIS NOTICE 

3 Walter A Speiser Supt
702-11 High-Long Bldg 5 E Long St
Cor High St Columbus Ohio

who is the Company's agent authorized to receive payment.

POLICY NUMBER

DATE DUE

4994300

MAR
1930

26

Annual Premium, \$ 151.45
Less dividend, \$ 20.58
Amount due, \$ 130.87

If you want this address changed write the new address on the other side of this card and sign your name 

MISS GENEVA CORNELL
281 S STATE ST
WESTERVILLE OHIO

This is NOT a receipt

Make remittance by bank draft, check in current exchange or money order payable to The Prudential Insurance Co. of America for **AMOUNT DUE**.
Read notice on other side, regarding the **FORFEITURE** of policy if premiums are not paid by or before due date.

(OVER)

NOTICE.—EFFECT OF FAILURE TO PAY PREMIUMS

THE PREMIUM DUE ON THIS POLICY as specified on the reverse side hereof may be paid to the representative named hereon in exchange for the Company's receipt properly countersigned, or paid to the Company at its Home Office, in Newark, N. J. Unless the premium then due shall be paid to the Company or to a duly appointed agent or person authorized to collect said premium by or before the day it falls due (or within a grace period of 31 days thereafter), said policy and all payments thereon will become forfeited and void, except as to the right to a surrender value, extended insurance or paid-up policy, as may be provided in said policy or by statute.

NOTICE TO POLICYHOLDERS AS TO POWERS OF AGENTS.—No Agent has power on behalf of the Company to make or modify any contract of insurance or waive any provision thereof, to extend the time for paying a premium, to waive any forfeiture, or to bind the Company by making any promise, or making or receiving any representation or information.

WILLARD I. HAMILTON, *Secretary.*

NOTICE OF CHANGE IN ADDRESS OF POLICYHOLDER



To the Ordinary Renewal Department.

Gentlemen:—I hereby notify you of change in the address to which premium notices and other communications are to be sent:

-----, 192-----

If the address given is not your residence address, please give the city and State or Province in which you reside:

Street and Number-----

City-----

City----- State or Province-----

State or Province-----

Policy No.----- No.----- No.----- No.-----

NOTE.—The insured must sign full name here.

If issued on joint lives, each signature is required.

Signature of Insured.

RENEWAL CARD CHANGED—FIELD-----HOME OFFICE-----