

San Diego, California,  
Febry. 20th, 1913.

Messrs. Ed. Fletcher,  
George W. Marston, and  
H. T. Gilmore,

San Diego, Cal.

Dear Sirs:

I am desirous of borrowing \$1000,  
the money to be used in a trip to Europe. I have  
been engaged by the Bishops School with a salary  
of \$2000. a year, commencing September 1st, 1913,  
providing I will take a trip to Europe before-  
hand.

In case that you will endorse my  
note so that I may get the money at the bank with  
which to make the trip, I agree to pay the sum of  
\$100.00 a month on the principal until paid,  
commencing October 15th, 1913.

Marian J. Coop.

This is to certify that Miss  
Marian Coop has been en-  
gaged as a teacher in the  
Music Department of the  
Bishop's Schools for the school  
year, beginning September 1913  
at a salary of two thousand  
dollars (\$2000.00) for an average  
of twenty-five hours work  
each week.

Florence Schinkel Gray  
San Diego Head of Music Department  
February 20th, 1913



**Philadelphia  
Life Insurance  
Company**

**NORTH AMERICAN BUILDING  
PHILADELPHIA, PA.**

Name Marion D. Loop

Address San Diego  
Calif

No. 22462 Amount \$ 1000

Annual Premium, \$ 23<sup>88</sup>

Payable fifth Day of March

Date March 5, 1913

Agency National Funding  
Co. Inc.

No. 2338F

**Philadelphia Life Insurance Company**

Home Office, North American Building, Philadelphia, Pa.

Received from the owner of Policy No. 23462 the 5<sup>th</sup>

Annual payment due Mar 5 1913 \$ 23<sup>88</sup>

Countersigned by

*[Handwritten signature]*

This receipt is not binding unless countersigned  
by a Cashier or Collecting Agent of the Company.  
Any alteration of this receipt is unauthorized.

*[Handwritten signature]*  
Treasurer



2728 ~~00~~  
2544 76  

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17524  
to me -  

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475 ~~00~~  

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35024



PHILADELPHIA  
LIFE INSURANCE  
COMPANY

No. 23462

Insurance on the Life of

Marion J. Loop

Amount \$ 1000<sup>00</sup> Age 32<sup>88</sup>

Annual Premium, \$ 23

Payable on the fifth Day of

March

Date March 5, 1913

Form 121 10-11-12 Ordinary POLICY, ACCUMULATED SURPLUS

Premiums Payable during life

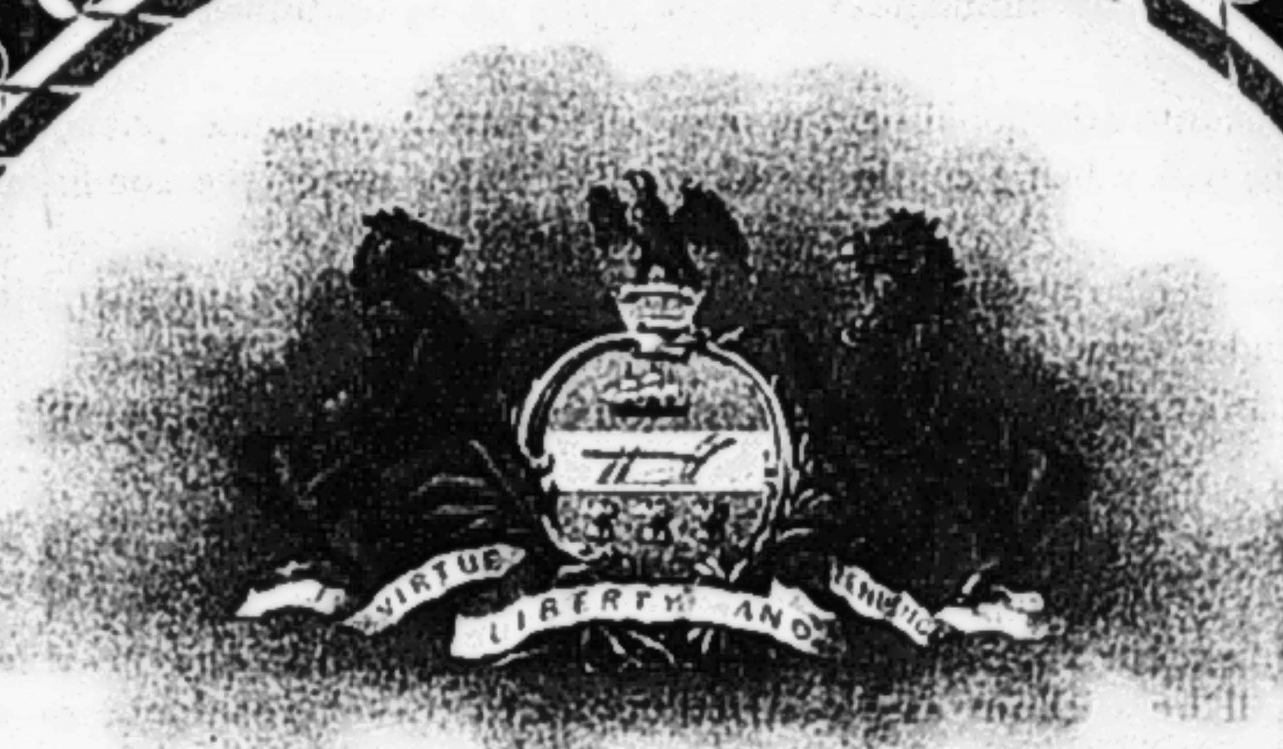


Ordinary

Life Policy

No. 23462

AGE 32



PREMIUM

\$ 23<sup>88</sup>

AMOUNT

\$ 1000<sup>00</sup>

# LIFE INSURANCE COMPANY

of Philadelphia, Pennsylvania

In consideration of the application for this policy, and of the payment of Twenty Three<sup>and 88</sup> 100 Dollars in advance, hereby insures the life of Marion D. Loop

hereinafter called the insured, for one year.

and Upon the payment of an annual premium of Twenty Three<sup>88</sup> 100 Dollars, on or before the fifth day of March, 1914, this policy will become a re

Ordinary Life policy, and the insurance will be continued by the payment of a like sum on or before the fifth day of March, in each year thereafter during the life of the insured. for        years or until prior death of the insured.

Upon receipt of due proofs of the death of the insured, provided this policy is in force, the Company will pay One Thousand Dollars at its Home Office in the City of Philadelphia to

~~of the insured if living, otherwise to the executors, administrators or assigns of the insured.~~

The insured may, while this policy is in force and unassigned, change the beneficiary. Written request must be made and the change will take effect when endorsement is made by the Company upon the policy. The right is reserved to the insured, without the consent of the beneficiary, to receive every benefit, exercise every right and enjoy every privilege conferred upon the insured by this policy.

FORM 121 10-11 Ordinary LIFE POLICY, ACCUMULATED SURPLUS  
Premiums Payable during life



### ACCUMULATED SURPLUS

The accumulated surplus period of this policy will be completed on the fifth day of March 1928.  
 No distribution of surplus will be made unless the person whose life is insured survives the completion of the accumulated surplus period, and this policy is in force by the payment of all premiums when due up to that date. All surplus in the meantime awarded will belong to and be retained by the Company until the end of the accumulated surplus period, when it will become the property of the insured and be available for use as herein provided. Upon completion of the accumulated surplus period and while this policy is in force by the payment of all premiums when due, the insured shall have any one of the following options:

1. To withdraw the accumulated surplus in cash, the policy being continued for its face value under the conditions named on the face hereof and participating annually.
2. To convert the accumulated surplus into an annuity for life, the policy being continued for its face value under the conditions named on the face hereof and participating annually.
3. To convert the accumulated surplus into additional paid-up non-participating insurance, payable as the policy is payable, subject to satisfactory proof of good health, the policy being continued for its face value under the conditions named on the face hereof and participating annually.
4. To withdraw the entire cash surrender value consisting of the accumulated surplus and guaranteed cash value.
5. To convert the entire cash surrender value into an annuity for life.
6. To convert the entire cash surrender value into paid-up non-participating insurance, payable as the policy is payable, subject to satisfactory proof of good health.

### INCONTESTABILITY

This policy shall be incontestable, except for non-payment of premiums, after one year from its date. From date of issue this policy shall be without any restrictions as to travel, residence or occupation.

If the age of the insured has been misstated, the amount payable hereunder shall be such a sum as the premium actually paid would have purchased at the correct age. Self-destruction while sane or insane, within one year of the date hereof, is a risk not assumed by the Company under this policy. All statements made by the insured shall in the absence of fraud be deemed representations and not warranties.

### PAYMENT OF PREMIUMS

All premiums are payable in advance at the Home Office of the Company or to an agent of the Company upon delivery of a receipt signed by an executive officer of the Company—the President, a Vice-President, Secretary, Treasurer, Actuary or Comptroller—and countersigned by said agent.

A grace of one month shall be granted for the payment of every premium after the first, during which time the insurance shall continue in force. If death occurs within the days of grace the unpaid portion of the premium for the then current policy year shall be deducted from the amount payable hereunder.

Except as herein provided, the payment of a premium or instalment thereof shall not maintain the policy in force beyond the date when the next premium or instalment thereof is payable, and failure to pay any premium or note when due will forfeit the policy and all payments made thereon. Any unpaid portion of the current year's premium and all indebtedness will be deducted from any settlement of this policy.

### PREMIUM LOANS

In lieu of automatic extended insurance, and on satisfactory request from the insured prior to default in the payment of any premium hereon, the same shall be charged against this policy as a loan at five per centum interest, if the respective loan value specified below be sufficient to cover such advance, in addition to existing liens and accrued interest; provided that if the loan value be not sufficient to cover the entire premium then due, the Company shall apply the same, if sufficient, to pay the premium for a shorter period, but not less than one month's premium. At any time while the policy is thus sustained in force, the payment of premiums with interest may be resumed. When advances can no longer be made, any balance then remaining shall be used to purchase term insurance, as stated below. No grace will be accorded under this provision.

### LOANS

After three full years' premiums have been paid, the Company at any time, while this policy is in force, will advance, on proper assignment of this policy and on the sole security thereof, at a rate of interest not greater than five per centum per annum, a sum equal to, or, at the option of the owner of the policy, less than, the reserve at the end of the current policy year on this policy, computed according to the American Experience Table of Mortality, with interest at three and one-half per centum per annum, less a sum not more than one per centum of the amount insured by this policy. The Company, however, will deduct from such loan value any existing indebtedness to the Company on this policy and any unpaid balance of the premium for the current policy year, and may collect interest in advance on the loan to the end of the current policy year. Failure to repay any such advance or to pay interest shall not avoid this policy unless the total indebtedness hereon to the Company shall equal or exceed such loan value at the time of such failure.

### NON-FORFEITURE OPTIONS ON SURRENDER OR LAPSE

In event of default in the payment of premiums after premiums have been paid for three years, the insured will be entitled, as provided in the table of surrender values, to any one of the following options:

1. To automatic non-participating paid-up term insurance for the amount insured by this policy, for such time as the surrender value will purchase. The surrender value will be the entire reserve on this policy, computed according to the American Experience Table of Mortality with interest at three and one-half per centum, less a sum not more than one per centum of the amount insured by this policy, and less any existing indebtedness to the Company on this policy.
2. To a non-participating paid-up life insurance policy, for an amount not less than may be purchased by the surrender value aforesaid, upon surrender within one month after default.
3. To a cash value not less than the surrender value aforesaid, upon surrender within one month after default.

The surrender values stated will be increased correspondingly for any fractional portion of a year's premium which shall have been paid. Figures for later years will be furnished upon request.

TABLE OF LOAN AND SURRENDER VALUES

AT END OF YEAR	EXTENDED INSURANCE FOR FACE OF POLICY		PAID-UP INSURANCE	LOAN OR CASH VALUE	AT END OF YEAR	EXTENDED INSURANCE FOR FACE OF POLICY		PAID-UP INSURANCE	LOAN OR CASH VALUE
	YEARS	MONTHS				YEARS	MONTHS		
3rd	2	1	\$ 58	\$ 17	13th	13	3	\$ 338	\$ 154
4th	3	3	88	27	14th	14	0	365	170
5th	4	4	116	38	15th	14	6	390	186
6th	5	6	145	50	16th	14	11	415	202
7th	6	10	174	63	17th	15	3	439	214
8th	5	2	202	78	18th	15	6	463	236
9th	9	6	231	93	19th	15	8	487	253
10th	10	7	257	110	20th	15	9	510	271
11th	11	8	285	124					
12th	12	6	312	134					



PHILADELPHIA  
LIFE INSURANCE  
COMPANY

**THE CONTRACT**

A copy of the written and printed application for this contract is attached hereto. This policy and application therefor, taken together, constitute the entire contract. No person, except an executive officer of the Company as aforesaid, has power to modify or in event of lapse to reinstate this policy, to extend the time for paying a premium, or to accept any note in payment thereof.

**ASSIGNMENT**

Any assignment of this contract shall be attached hereto, and a duplicate thereof shall be furnished the Company at its Home Office. Any claim against the Company arising under any assignment of this contract shall be subject to proof of interest. No assignment shall impose any obligation on this Company until it has received the original or a duplicate thereof, nor does the Company guarantee the legality of any assignment.

**REINSTATEMENT**

This policy may be reinstated on written application, subject to evidence of insurability satisfactory to the Company and payment of arrears of premiums with interest thereon not exceeding five per centum per annum.

**OPTIONS AT MATURITY**

The insured, by written notice to the Company at its Home Office, and with the written consent of the assignee and irrevocable beneficiary, if any, may elect to have the net sum payable under this policy paid either in cash or as follows:

(1) By the payment of interest thereon at three and one-quarter per centum per annum, payable annually, to the payee under this policy at the end of each year during the life of the payee and by the payment upon the death of the payee of the said net sum and accrued interest to the executors, administrators or assigns of the payee, unless otherwise directed in said notice.

(2) By the payment of equal annual instalments for a specified number of years, the first instalment being payable immediately, in accordance with the following table for each \$1000 of said net sum.

**TABLE OF INSTALMENT VALUES FOR EACH \$1000 OF INSURANCE**

Number of instalments . . . . .	25	20	19	18	17	16	15	14	13	12
Amount of each instalment . . . . .	\$57.14	\$66.58	\$69.16	\$71.96	\$75.03	\$78.62	\$82.61	\$87.22	\$92.57	\$98.74
Sum of instalments . . . . .	\$1428.50	\$1331.60	\$1314.04	\$1295.28	\$1275.51	\$1257.92	\$1239.15	\$1221.08	\$1203.41	\$1184.88
Number of instalments . . . . .	11	10	9	8	7	6	5	4	3	2
Amount of each instalment . . . . .	\$106.08	\$114.94	\$125.83	\$139.35	\$156.99	\$180.18	\$212.99	\$262.06	\$344.00	\$508.13
Sum of instalments . . . . .	\$1166.88	\$1149.40	\$1132.47	\$1114.80	\$1098.93	\$1081.08	\$1064.95	\$1048.24	\$1032.00	\$1016.26

(3) By the payment of equal annual instalments payable at the beginning of each year for a fixed period of twenty years and for so many years longer as the payee shall survive in accordance with the following table for each \$1000 of said net sum.

**TABLE OF CONTINUOUS INSTALMENT VALUES**

Age last birthday of beneficiary at maturity	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Each instalment per \$1000 insurance . . . . .	\$10.02	\$40.20	\$40.39	\$40.59	\$40.80	\$41.01	\$41.24	\$41.47	\$41.72	\$41.97	\$42.24	\$42.51	\$42.80	\$43.11	\$43.42	\$43.75
Age last birthday of beneficiary at maturity	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
Each instalment per \$1000 insurance . . . . .	\$44.09	\$44.45	\$44.82	\$45.21	\$45.62	\$46.05	\$46.49	\$46.95	\$47.43	\$47.93	\$48.45	\$48.99	\$49.55	\$50.14	\$50.74	\$51.36
Age last birthday of beneficiary at maturity	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57
Each instalment per \$1000 insurance . . . . .	\$52.00	\$52.65	\$53.33	\$54.02	\$54.72	\$55.44	\$56.16	\$56.89	\$57.61	\$58.34	\$59.05	\$59.76	\$60.44	\$61.11	\$61.75	\$62.38
Age last birthday of beneficiary at maturity	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72 and older	
Each instalment per \$1000 insurance . . . . .	\$62.93	\$63.47	\$63.96	\$64.42	\$64.83	\$65.19	\$65.51	\$65.78	\$66.00	\$66.19	\$66.33	\$66.44	\$66.51	\$66.56	\$66.58	

Instalments payable under options (2) or (3) which shall not have been paid prior to the death of the payee, shall be paid, unless otherwise directed in said notice, to the executors, administrators or assigns of the payee.

If the insured shall not have directed otherwise the beneficiary may, after the death of the insured, by like written notice, and with the written consent of the assignee, if any, select either of the above options.

Unless otherwise specified by the insured the payee may on any interest date receive the amount yet due under option (1), and may at any time receive the commuted value of payments yet to be made, computed upon the same basis as option (2) in the above table, provided that no such commutation will be made under (3), except after the death of the payee occurring within the aforesaid twenty years.

Philadelphia, March 5, 1913

*[Signature]*  
Secretary

*[Signature]*  
President

*[Signature]*  
Actuary

EXAMINED BY *[Signature]*



# Copy of Application

I, Marion Leabel Coop hereby make application to the **PHILADELPHIA LIFE INSURANCE COMPANY** for \$ 1,000 insurance on the Ordinary Life Plan; Annual Premium, \$ 23.88 payable annually.  
 I was born on the 21 day of July, 1881. Age nearest birthday 32 years.  
 Residence 3978 Georgia, San Diego, Cal.  
 Place of business Pletcher Bldg, San Diego, Cal.  
 Premium notices to be sent to Myself  
 My occupation is Music Teacher  
 Beneficiary Estate  
 Dividends to be paid to insured at the end of 10 years.  
 I have this 22 day of July, 1913 paid to Marion Leabel Coop Agent, the sum of \$ 1,000, being the first annual premium on policy applied for herewith, subject to the provisions of the official premium receipt No. 1000, which I have accepted, and I hereby agree to be examined forthwith by an authorized medical examiner of the Company, and to accept the policy herein applied for when the same is issued.  
 I hereby agree that all representations and agreements made by or with the Company or the agent taking this application are reduced to writing herein and made a part of this application and the policy issued hereunder.  
 Dated at San Diego this 22 day of July, 1913.  
 Witness Math. Bundling Co. Agent.  
 General Agent Marion Leabel Coop

## DECLARATIONS MADE TO THE COMPANY'S MEDICAL EXAMINER

- Name Marion Leabel Coop Residence San Diego Where born England  
 Date of birth July 21 1881 Married, single, widowed or widow single
- Occupation. State specific position and line of business Music Teacher  
 Have you changed your occupation within a year? No What was your former occupation?
- Family History. Give as accurately as possible the following items.

	LIVING		DEAD			
	AGE	HEALTH	AGE	SPECIFIC CAUSE OF DEATH	DURATION AND CHARACTER OF FATAL ILLNESS	PREVIOUS HEALTH
FATHER	32	Good	32	Heart disease	Heart attack	Epileptic form
Father's Father			91	Old age		
Father's Mother			80	Heart disease		
MOTHER	55	Good				
Mother's Father			70	Some stomach trouble		
Mother's Mother			71	Heart disease		
Brothers	3		25	3 years	Heart disease	
Sisters	1		39	Heart		

- Do you resemble your father or mother? Neither resemble
- Have you ever undergone any surgical operation? Curettement at age 28 perfect health since
- Have you or any of your blood relatives ever attempted suicide, or been afflicted with consumption, insanity, cancer or any hereditary diseases? Father's sister had cancer
- Have you resided or been closely associated with a consumptive, or lived in a house where one has died of this disease within the last two years? No
- Give name and address of physician last consulted Dr. Brown, 1111 Broadway, San Diego, Cal. (a) When was he consulted? December 1912  
 (b) State nature, duration and result of complaint Exhaustion - nervous system - for some years
- Have you ever changed your residence or occupation on account of health? No
- What are the full particulars of any other illness or injury you have had, giving date, duration and remaining effects? None
- Has your weight recently changed, how much and from what cause? 22 lbs. 2 years What has been your heaviest weight and when? Now 153  
 If over- or underweight, is it a family or individual trait? Family put on weight with age
- How many drinks per day do you take of wines, spirits or malt liquors? None (a) What has been your custom in the past? None  
 (b) To what extent do you use tobacco? None  
 (c) Have you ever used any narcotic drug? None
- Have you ever been under treatment at any asylum or sanitarium? No
- Are you now in good health? Yes
- Have you ever been rejected or examined by any company for a policy which was not issued as applied for? If so, when, and by what Company? No  
 In what Companies and for what amounts are you now insured? None
- Have you ever applied for or received a pension or sick benefits? No
- (a) Have you ever had apoplexy, paralysis, epilepsy, unconsciousness, vertigo, habitual headache, neuralgia, insanity, sunstroke, or any other disease of brain or spine? None, except  
 (b) Have you ever had asthma, bronchitis, pneumonia, habitual cough, expectoration, spitting of blood, palpitation, or any disease of the throat, lungs or heart? None, except  
 (c) Have you ever had chronic dyspepsia, diarrhoea, appendicitis, jaundice, piles, fistula, gall-stones, gravel, hepatic or renal colic, diabetes, dropsy, cancer, ulcer, tumor, inflammatory rheumatism, gout, discharge from ears, severe fever, malaria, or any disease of the stomach, bowels, kidneys or liver? None, except  
 (d) Have you any defect in hearing or eyesight, malformations, varicose veins or disease of the skin? None, except

I hereby agree for myself and all parties who may have an interest herein that all the foregoing statements and answers and those made to the Medical Examiner are true and complete, and are offered to the Company as a consideration for the contract which I hereby agree to accept; that no other information, statement or answer than is therein contained, whether known to, made by, or given to any person, shall be considered as a part of the contract; that should this policy become a claim during its first year nothing herein contained shall prevent the Company from introducing any information as evidence of fraud; that the policy granted herefor shall not take effect until issued, delivered and the premium paid thereon to the Company or to an agent holding the premium receipt from the Company during my lifetime and while in good health.

Dated at San Diego this 22 day of July, 1913 Hour 11:00 M.  
Robert D. Day Medical Examiner  
Marion Leabel Coop Signatory of person examined (Full name)



**Ed Fletcher Papers**

**1870-1955**

**MSS.81**

**Box: 5 Folder: 15**

**General Correspondence - Coop, Marion I.**



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