

JUL 11 1973
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PALMETTO STATE LIFE

Insurance Company

COLUMBIA, SOUTH CAROLINA

(hereinafter called the Company)

Certificate of Credit Insurance

CL 801248

HEREBY CERTIFIES that under and subject to the terms and conditions of the Master Credit Insurance Policy issued to the Creditor named herein, the debtor named below is insured against DEATH, with or without ACCIDENTAL DEATH and DISMEMBERMENT, and against LOSS OF TIME due to total disability commencing on or after the effective date of this certificate as indicated in the Schedule below.

Life Insurance is		Age	Insured (print name in full)			
B Monthly Reducing	(X)	30	Lester H. ...			
C Non-Reducing	()		Address			
M With Acc. Death & Dismemberment	()		11 ... SC			
E Monthly Reducing	()	Date of Birth				
D Non-Reducing	()					
U Date of Issue	Inl. Am. Life Ins.	Term	Single Premium	TOTAL DISABILITY		Total Premium
L 9 10 73	175.00	24 Months	37.17	Waiting Period () Retro	Mo. Benefit	52.00
E Mo. Day Year		Months		Days () Non Retro		

TERMINATION: If, within ninety (90) days from the effective date of this certificate, the Company gives written notice to the debtor that he (or she) is not an acceptable risk under the Master Policy, then such insurance as is afforded under this certificate shall terminate on the date and time specified in such notice which shall not be less than ten (10) days after the mailing of such notice as herein provided. Such notice shall be given in writing to the debtor by mailing the same to the address of the debtor shown herein, with a copy to the Creditor, and the Company shall forthwith mail to the agent (Creditor) for delivery to the debtor, the Company's check payable to the debtor for the return premium. The foregoing termination provision shall not apply unless at or prior to the making of the loan, this insurance certificate is delivered to the debtor and he acknowledges the existence of the aforesaid termination provision and such delivery of this certificate by signing the same in the space provided below.

NOTICE: As part of our underwriting procedure, a routine report may be obtained which will provide applicable information concerning your health, character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

IN WITNESS WHEREOF the Company has caused this certificate to be executed as of the Date of Issue which is the date from which the end of the Term is reckoned.

J. J. ...
 President

Creditor: ... Agent: ... Applicant-Debtor: ...

Counter-signed ... ANY PRE-EXISTING CONDITION WHICH CAUSED DISABILITY DURING THE PRECEDING TWELVE MONTHS OF THE DATE OF ISSUE IS NOT COVERED Form CL-44 (7-71)

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