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Life Insurance Policy for an Enslaved Man Named David

W. B. Stoddart

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Hereby acknowledges the Receipt of Twenty Seven 50 Dollars, as premium, for Insurance on the life of the following named negro owned by W. B. Stoddart

<u>David</u>	Insured for <u>Eleven Hundred</u> dollars;	Prem. paid <u>Twenty Seven</u> <u>50</u> dollars,	only to be employed as a <u>laborer & Haster</u>
Insured for	dollars;	Prem. paid	dollars, only to be employed as
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Now, therefore, this Policy of Insurance witnesseth, That the said Company hereby promises and agrees to pay, or cause to be paid to the said W. B. Stoddart his executors, administrators, and assigns, all less by death of any above named slave not exceeding the sum for which said slave is hereby insured, nor two-thirds the value of said slave at the time this insurance was effected, within ninety days after due notice and proof of death, and proof of interest for loss sustained, in conformity with the terms and conditions of this Policy, Provided said slave shall die after the fifteenth day of October 1859 at 12 o'clock, noon, and before the fifteenth day of October 1860 at 12 o'clock, noon.

Provided, however, that this Policy is granted and accepted by the insured upon the express condition, that in case any above-mentioned slave shall die from the effects of the use of intoxicating liquors or by his or her own hand or act, or by an injury inflicted in attempting to commit suicide, or by the hand of justice, or in violation of law, or in consequence of a mob insurrection, foreign invasion, or punishment, or by neglect, abuse, or maltreatment of the owner, or of any person to whom he or she may be entrusted, or shall, without the consent of this Company previously obtained, go or be carried more than thirty miles from the City of New York or shall be forced, entreated, or permitted by his or her owner, or his agent, to engage in any combat causing his or her death, or engage in any other occupation than what is herein set to the name of said slave, or if any other insurance shall be obtained on the life of said slave, or if full proof of loss shall not be presented at this office within four months from the time of death, then so much of this Policy of Insurance as refers to any such said slave or loss shall be void and of no effect.

And also, this Policy of insurance is granted upon the express condition, that an Application dated the fifteenth day of October 1859 and signed by the said W. B. Stoddart and now in the office of this Company, forms the basis and is a part of this Contract or Policy, and if any fraudulent or untrue allegation, misrepresentation, or concealment be contained therein, or in the Certificate of the physician accompanying said application, then so much of this Policy as refers to any slave so misrepresented shall be and thereby become void and of no effect, and all moneys paid thereon shall be forfeited to said Company. And it is further Agreed, if there shall be any disagreement concerning any loss covered or claimed to be covered by this contract or Policy, the same shall be settled by arbitration, and the arbitrators shall be chosen in the following manner: this Company shall choose one man, the claimant one, and those two shall choose a third to act as umpire, and to the three thus chosen shall be referred all points in dispute under this contract or Policy, said arbitrators, in arriving at their decision, shall be governed by the laws and decisions in regard to life insurance, and the decision of said arbitrators shall be final and binding upon all parties; and that this Policy shall become void if assigned without the written consent of this Company, signed by the President and Secretary, and bearing the seal of the Company. And it is further Agreed, that this Policy is issued subject to the printed conditions upon the back hereof, and that it is to be construed and understood in reference thereto.

Whereof, the said KNICKERBOCKER LIFE INSURANCE COMPANY have caused this contract to be signed by their President and Secretary, and the Corporate Seal affixed, at the City of New-York, this fifteenth day of October one thousand eight hundred and fifty=nine



Stephen C. Wheeler SECRETARY.

Charles Lyman PRESIDENT.

Geo. J. Dick's Agent

Not Binding until Countersigned by Geo. J. Dick's at New York

IN THE
Knickerbocker Life Insurance Company
 OF THE CITY OF NEW YORK,

Insurance can be obtained against death on Negroes engaged in every kind of employment.

TERMS AND CONDITIONS OF INSURANCE.

1. Any policy, renewal, or transfer of a policy, or any agreement not signed by the President and Secretary of the Company, is void. Written permits will be granted on reasonable terms for slaves insured in this Company to engage in other employments than those mentioned in this Policy.

2. The Company shall be notified forthwith, in writing, at the principal office in New York, by the holder of this Policy, of the death of any slave whose life is hereby insured, who, as soon as possible, shall deliver to the Company as particular an account of the cause, time, and place of death, and the circumstances attending the same, as the nature of the case will admit; and shall accompany the same with oath or affirmation, declaring the said account, to the best of his or her knowledge and belief, to be true and just; also stating the age of the deceased, and whether he or she has, during this insurance, violated any of the restrictions imposed by the terms and conditions of this Policy, and if so, how, when and where. And also, if the deceased has been engaged, during the term insured, in any other occupation than what was mentioned opposite the name of said slave in this policy; and also the nature and amount, with full particulars of the

pecuniary interest of the holder of this Policy in the life of the deceased at the time of death, is to be shown and fully set forth, against which the Company will only be bound to indemnify.

3. Also to furnish the Company with certificates, properly attested before a Magistrate or Notary Public, from the physician who attended the deceased during the last sickness, stating particularly the nature of the disease, its duration, and the time, place, and cause of death; and the same also from one or more respectable and disinterested persons, who were acquainted with the deceased, as to the time, place, and fact of the death, the age or probable age of the person deceased, with all such particulars as it may be in their power to give, from their own knowledge of circumstances and causes connected with the death, as may be important to a full understanding of the same on the part of the Company.

4. Any fraud, concealment, misrepresentation, or false swearing shall cause a forfeiture of all claims, and shall be a full bar to all remedies against the Company on this Policy.

No. 9

Knickerbocker Life Insurance Co.

INSURANCE ON

David Slave.....belonging to

W. B. Steadart

Amount Assured,.....\$ *1100*

Amount, Payment, \$ *27.50*

Extra, \$

Policy, \$ *1.00*

\$ *28.50*

Policy Mark..... *A*

Registered,.....

Expires,.....

OFFICE.
 NO. 17 WILLIAM STREET,
 NEW-YORK.

Geo. A. Dick AGENT.

Rich & Loutrel, Stationers, 64 Nassau st.

