

ORIGINAL

No. **Z 10671**

## HEALTH INDEMNITY RIDER

"Original" to be attached to Policy. "Duplicate" to be attached to Original Application or sent to New York Office. "TriPLICATE" for Agent's use.

It is HEREBY AGREED, that this Policy is extended to cover any disease for which the assured would be entitled to benefits, named therein, according to the terms and conditions of the policy, during the sixty days next succeeding the date of issue, in consideration of said policy succeeding a former policy of this Company at the date of its expiration or cancellation.

Attached to and forming a part of Policy No. **94190** of THE FRANKFORT GENERAL INSURANCE COMPANY, OF FRANKFORT-ON-THE-MAIN, GERMANY, and subject to all of the terms, conditions and agreements thereof and therein contained.

In Witness Whereof, THE FRANKFORT GENERAL INSURANCE COMPANY, OF FRANKFORT-ON-THE-MAIN, GERMANY, has caused this agreement to be signed by its United States Manager and Attorney, but same shall not be binding upon the Company, until countersigned by a duly authorized and commissioned agent.

Countersigned, 12 O'clock San Francisco, Cal. this Twenty-first  
day of September 1914.

By

*[Signature]*  
Authorized and Commissioned Agent

*[Signature]*  
United States Manager and Attorney.