

H. Tracy Hall  
Side Trip

\$54.55 paid no 118 Nov 16, 1972  
from Evaluation Panel (National Academy  
of Sciences) for National Bureau of Standards  
Nov 11-15, 1972

to David R Hall, 130 Washington St. #4, Rocky Hill (near Princeton),  
New Jersey [P.O. Box #15] 08553

Met with vice presidents David R. Hall and J. Martin Neil  
of { H. TRACY HALL, INC. } and discussed sample loading  
1190 COLUMBIA LANE }  
P. O. BOX 7533 UNIV. STA, } device for cubic press which D. R. Hall  
PROVO, UTAH 84601 } is designing and electrical heating  
supply for high pressure machines which J. M. Neil is  
designing.

Trip Insurance \$5.00

Sat 11 Nov airport limousine to Friendship → Baltimore \$2.50

Cab to Penn-Central Station in Baltimore 1.75

metroline train Baltimore → Trenton 7.75

Picked up in Trenton by David R. Hall and was guest at  
his home until Monday morning Nov 13<sup>th</sup>.

13 Nov (Mon) Bus Princeton N.J. → Trenton ~~25~~ .25

Train Trenton → Wash D.C. 9.75

Total \$27.00 ←

The above were out-of-pocket expenses of H. Tracy Hall  
on the main trip (Evaluation panel) the out of pocket expenses  
of H. Tracy Hall which are included on the expense voucher  
are: (evaluation panel) are:

meals \$21.55 ←

Salt Lake airport parking 6.00 ←

Total reimbursement requested by H.T. Hall } → \$27.55 \$54.55  
from H.T. Hall, Inc. }

Note Corporation auto was used Provo - Salt Lake airport - Provo.  
air fare, hotel, car rental, phone billed direct to corporation

TRAVEL EXPENSE VOUCHER

NATIONAL ACADEMY OF SCIENCES • NATIONAL RESEARCH COUNCIL • NATIONAL ACADEMY OF ENGINEERING  
2101 Constitution Avenue, Washington, D.C. 20418

See Instructions on Reverse Side  
Please furnish all information requested—Incomplete vouchers may be returned

Name of Claimant H. TRACY HALL  
1711 N. LAMBERT LANE  
PROVO, UTAH 84601  
Address \_\_\_\_\_  
DATE 16 Nov 1972

Committee or Office Evaluation Panel for National Bureau of Standards Div. of Physical Science

PURPOSE OF TRAVEL: Include name of persons or organization visited, date and location of meeting  
meeting at NBS Gaithersburg

Date and Hour of Departure 11 Nov 1972 8am Date and Hour of Return 15 Nov 1972 11pm

TRANSPORTATION: Attach Passenger Coupon

ITINERARY		Name of Line	Class of Service or Special Accommodations	Private Auto Mileage (Para 4)	AMOUNT (Para 8)
FROM City and State	TO City and State				
<u>Provo, ut</u>	<u>Salt Lake city ut</u>		<u>ad trip</u>	<u>100 mi</u>	<u>\$ 10.00</u>
<u>Salt Lake city, ut</u>	<u>Washington DC</u>	<u>UAL</u>	<u>Y</u>		<u>262.00</u>

When claiming reimbursement for greater than economy class fare, please indicate reason below (Para 12)  
Only available  Medical requirement  Other \_\_\_\_\_ 46.79

RENTAL CAR: Attach rental invoice (Para 9) 6.00

TRAVEL FARES AND PARKING Salt Lake Airport duration of trip

SUBSISTENCE		Total Subsistence Costs (Para 11)
TELEPHONE: Number of nights	<u>Holiday Inn Gaithersburg 2</u>	
OTHER COSTS		<u>21.55</u>
OTHER SUBSISTENCE COSTS		
		<u>65.20</u>

TELEPHONE AND TELEGRAPH 4.50  
OTHER COSTS 7.25

I certify that these charges, incurred by me, are correct and proper  
SIGNATURE H. Tracy Hall Claimant  
Total \$ 401.74  
Less Advance 0  
Balance Due \$ 401.74

CLAIMANT NOT TO WRITE BELOW THIS LINE

APPROVAL: I certify that the above travel was duly authorized and I approve claim for payment  
COMMITTEE OR OFFICE \_\_\_\_\_

FOR COMMITTEE OR OFFICE \_\_\_\_\_

ACCOUNT / FUND			FOR ACCOUNTING OFFICE USE ONLY			
Type	Number	Sub	Object Class	Amount	Obligation Amount	Obligation Number

Special Approvals \_\_\_\_\_  
Audited \_\_\_\_\_ Date \_\_\_\_\_  
Approved \_\_\_\_\_ Date \_\_\_\_\_  
Check No. \_\_\_\_\_ Date \_\_\_\_\_

**ALLOCATION**

ALWAYS OBTAIN RECEIPTS FOR BUSINESS PURPOSES OF THIS PORTION OF TRIP

BUSINESS PURPOSE OF THIS PORTION OF TRIP: \_\_\_\_\_

TOTAL NO. OF PERSONS: \_\_\_\_\_

PERSONAL: \_\_\_\_\_

REIMBURSED: \_\_\_\_\_

OTHERS: \_\_\_\_\_

(BUSINESS TRAVELERS INC. SELF) TYPE: \_\_\_\_\_

DATE: \_\_\_\_\_

BUSINESS REASON: \_\_\_\_\_

NATURE OF BUSINESS DISCUSSION: \_\_\_\_\_

IF DISCUSSION IS BEFORE OR AFTER, STATE DATE & DURATION: \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_

TOTAL NO. OF PERSONS: \_\_\_\_\_

COMPANY: \_\_\_\_\_

(HOSTS) \_\_\_\_\_

BUSINESS RELATIONSHIP: \_\_\_\_\_

STATE: \_\_\_\_\_

NO. GL: \_\_\_\_\_

ROOM: \_\_\_\_\_

B PHLO 408 \* 00.20

T B BAL 408 \* 19.66

D BAL 408 \* 00.20

D ROOM 408 \* 18.00

D TAX 408 \* 01.26

T D BAL 000 \* 19.66

B BAL 408 \* 19.66

B PHLO 408 \* 00.20

T B BAL 000 \* 19.66

D BAL 408 \* 19.66

D LDPH 408 \* 04.73

T D BAL 000 \* 24.39

D BAL 408 \* 24.39

D ROOM 408 \* 18.00

D TAX 408 \* 01.26

T D BAL 000 \* 43.65

FOLIO NUMBER **045434**

RATE 18- PBX OUT \_\_\_\_\_

ARRIVE 11/13 DEPART 11/15 PBX IN \_\_\_\_\_

TOTAL \_\_\_\_\_

PAID BY:  CASH  CREDIT CARD

CHECK  CARD

KIND BC

NO. \_\_\_\_\_

*NBS Block*



**Holiday Inn**  
OF  
**ROCKVILLE-GAITHERSBURG**  
2 Montgomery Village Avenue  
GAITHERSBURG, MARYLAND 20760

TELEPHONE 301/948-8900

From Folio \_\_\_\_\_ To \_\_\_\_\_  
RATE \_\_\_\_\_

*Thank You!*

HURRY BACK

NOV 13 3 32 PM '72

HOLIDAY INN

*KC*

DATE 11-15-72

RECEIVED OF

AIR TERMINAL SERVICES, INCORPORATED

\$6.00 FOR 00116 Salt Lake City Airport Parking Lot

(Description of item, goods, or services rendered for above amount)

PAID IN FULL

(Signature of person receiving amount)

ENDORSEMENTS (CARBON) 116 2007 222

CONJUNCTION TICKET(S) ISSUED IN EXCHANGE FOR DATE OF ISSUE 17 NOV 72

NAME OF PASSENGER Dr. Tracy Hall NOT TRANSFERABLE TICKET DESIGNATOR & TOUR CODE

NOT VALID BEFORE NOT VALID AFTER ORIGINAL ISSUE PLACE DATE

FROM TO CARRIER FARE CALCULATION

NOT GOOD FOR PASSAGE

FROM	TO	FARE BASIS	ALLOW	CARRIER	FLIGHT/CLASS	DATE	TIME	STATUS
SALT LAKE CITY	W	Y		U2	1674	NOV 15	5:00K	
W	DEN	Y		3114	NOV 15	7:00K		

FARE TAX TOTAL

FORM OF PAYMENT

See below for Airline, Form, Serial Number

PLACE OF ISSUE - AGENCY  
CHRISTOPHERSON'S  
RED CARPET T/S  
PROVO UTAH  
50503

PASSENGER TICKET & BAGGAGE CHECK - ISSUED BY  
**UNITED AIR LINES, INC.**

SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

016 8402220213 2

HOLIDAY PRESS BUSINESS FORMS

From \_\_\_\_\_ To \_\_\_\_\_

Rate \_\_\_\_\_

ROCKVILLE-GAITHERSBURG  
2 Montgomery Village Avenue  
GAITHERSBURG, MARYLAND 20760

TELEPHONE 301/948-8900



**Holiday Swm**  
OF  
ROCKVILLE-GAITHERSBURG

DUPLICATE

26. HI 26 3 31 MON

HURRY BACK

Thank you!

NO. 4763 199 014 696

12/72 BAC

4365 3

FOLIO OR CHECK NO.

TRACY HALL INC

DATE OF CHARGE

1115.2

TYPE OF CREDIT CARD

PAID BY:  CASH  CREDIT CARD

KIND NO.

ARRIVAL

EX CARD MEMBER SIGNATURE

TRACY HALL

DATE

1179 9841941793

1179 2190503052

NICAITHE 2619121615

RSBURG 1031418500

TOTAL AMOUNT

CARD MEMBER'S COPY

TD BAL 000\*24.39

D BAL 408\*24.39

D ROOM 408\*18.00

DTAX 408\*01.25

TD BAL 000\*42.65

FORM 3-1 LITHO U.S.A.

**23808697**

(2) R/A NUMBER	(3) CHECK-OUT LOC	(4) CAR NUMBER	(5) OWNING LOC	(6) CHECK-IN LOCATION	<b>AMOUNT DUE</b>
		817321043		0322	(100) 46.79
(7) VEHICLE DESCRIPTION		(8) LICENSE PLATE NUMBER	(9) RETURN LOCATION NAME		(10) RETURN TIME & DATE
White Chevy		410375	WASH DC		11-17-72
(11) Howard Terry Hall 1711 N. Lincoln Pleasant, VA 22661			(52) AUTHORIZATION NUMBER OUT	(53) AUTHORIZATION NUMBER IN	
			(20) TIME USED	2 DY 1 HR	
			(21) MILES IN	14638	
			(22) TIME IN	15 NOV 72 1602	
			(23) MILES OUT	14735	
			(24) TIME OUT	14	
			(25) MILES DRIVEN	103	15.45
			(26) HOURS	1	2.75
			(27) DAYS	2	30.00
			(28) WEEKS		
(12) IDENTIFICATION AV <input type="checkbox"/> CAR <input type="checkbox"/> CD <input type="checkbox"/> IDI BR C/P <input type="checkbox"/> PA <input type="checkbox"/> CM <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Other</u>					
(13) DRIVER LICENSE NUMBER					
(14) LOCAL CONTACT/ADDITIONAL INFORMATION					
(15) REMARKS			(30) STD		
<b>CUSTOMER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS</b>			(31) ADJUSTMENTS		
(16) RENTAL WILL BE PAID BY			(32) TOTAL LINES (25 THRU 31)		
			48.20		
			(33) YES	TA COM	(33A) %
					9.64
			(34) TIME AND MILEAGE CHARGE		
			38.56		
			(35) INTER-CITY FEE	(36) MISCELLANEOUS	
			(37) GAS TO FILL (TAXABLE)	(38) PER DAY	
				6.00	
			(39) SUB TOTAL	44.56	
			(40) TAX OR SURCHARGE	2.23	
			(41) GAS TO FILL (NON-TAXABLE)	(42) PER DAY	
			(43) TOTAL CHARGE	46.79	
			(44) LESS GAS ETC.		
			(45) NET CHARGE	46.79	
			(46) CASH	CENT	CLUB
			CV		X
			DIRECT BILL		AMOUNT DUE (U.S. \$)
					46.79
			(47) CASH REFUND RECEIVED	REFUND FROM	
			X	HQTS	TRAVEL AGENCY
			(48) OUT BY NUMBER	(49) IN BY NUMBER	(50) CHECK-IN LOCATION
			18294	18294	0322
			(51) INTERCITY SPLIT	RENTAL AGREEMENT NO.	
			0 2 4	23808697	
(17) I HAVE READ THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS RENTAL AGREEMENT AND AGREE THERETO.					
X <u>Howard Terry Hall</u>			<b>AVIS</b>		
IF THIS RENTAL IS TO BE CHARGED TO ANY CREDIT CLUB THE ABOVE SIGNATURE IS DEEMED TO HAVE BEEN MADE ON THE APPLICABLE CREDIT CLUB VOUCHER OR SALES SLIP.					
(18) CORRECT BILLING NAME AND ADDRESS					
4763 CLUB BLDG 199 014 696					
12/72 • BAC					
SPECIAL RENT NUMBER					
H TRACY HALL INC					

RENTAL SUBJECT TO ADDITIONAL FEE IF CAR NOT RETURNED TO DESIGNATED CITY.  
 WHILE ON THE ROAD { OBTAIN RECEIPTS FOR ALL REIMBURSABLE EXPENSES (GAS, etc.) AND PRESENT WITH THIS COPY AT CHECK IN.  
 REPORT ACCIDENTS IMMEDIATELY TO LOCAL POLICE AND CALL RENTING AVIS STATION COLLECT.  
 IF DELAYED IN RETURNING CAR PLEASE CALL RENTING AVIS STATION COLLECT.

*Pd 26 Feb 1973*

Heat Division Evaluation Panel Meeting

November 14th-15th 1972

Schedule

Tuesday November 14th

- 9.00 Assemble in IBS Conference Room (A366 PHY); introductions.  
.15 Dr. H. Sorrows, NBS Program Office  
.30 Dr. E. Ambler, Director, Institute for Basic Standards.  
10.00 Break  
.15 Panel's response, including pre-review assessment of technology relevant to Division's programs.  
11.15 Dr. R. P. Hudson, Chief of Heat Division  
.45 General discussion.  
12.00 End of morning session.  
Lunch, 12.20 - 1.20.  
1.30 Section "highlight" presentations and laboratory visits.  
4.30 End of afternoon session.

Wednesday November 15th

- 9.00 Assemble in IBS Conference Room.  
.10 Section "highlight" presentations and laboratory visits.  
→ 11.20 Panel summarizes likely future needs for Division's services.  
12.20 End of morning session.  
12.30 Panel lunches in executive session, evaluates Division's progress in accomplishing desirable long-range objectives.  
1.45 Return to IBS Conference Room.  
2.00 Oral exchange, panel and NBS.  
3.15 Panel begins writing Report, in executive session.

lv at 3:15

Inst. for Natl Res  
John P. Hoffmann, Director  
44 2828  
B368

Section Reports and Laboratory Visits

Schedule

	<u>Section Reports</u>	<u>Laboratory Visits</u>
Tuesday	1.30 Equation of State	1.30 Automation for Everyman
	2.00 Critical Phenomena <i>Hall</i>	2.10 Gas Thermometry <i>x</i>
	.25 Statistical Physics <i>Hall</i>	.35 Acoustic Thermometry <i>Hall</i>
	3.00 Break	3.10 Critical Phenomena
	3.15 Thermometry I*	3.30 Equation of State
	4.00 Pyrometry and Plasma Thermometry	
	.30 End.	

*Hall*  
*Hall*

*Railly B325*

Wednesday	9.10 Cryogenics <i>Hall</i>	9.10 Radiometric Calorimeter
	.50 Pressure Standards	.35 Thermocouples <i>B 221 &amp; 225 Burns</i>
	10.20 Break	.55 Platinum Resistance <i>B-05 Furukawa</i>
	.35 Thermometry II <sup>†</sup>	10.25 Cryothermometry and § <i>Soulon A.15</i>

*Telford*  
*MET: A49*

\* 3.15 Gas Thermometry  
 .20 Radiometric Calorimetry  
 .30 Acoustic Thermometry

§ Simultaneous Presentation

† 10.35 Platinum Resistance  
 .45 Thermocouples  
 .55 New Sensors

**NATIONAL RESEARCH COUNCIL**  
**NATIONAL ACADEMY OF SCIENCES NATIONAL ACADEMY OF ENGINEERING**  
2101 CONSTITUTION AVENUE WASHINGTON, D.C. 20418

Evaluation Panels for  
~~PANBLK X0VXSGKXDCX0X~~  
NATIONAL BUREAU OF STANDARDS  
DIVISION OF PHYSICAL SCIENCES

October 16, 1972

PLEASE ADDRESS REPLY TO:  
NATIONAL BUREAU OF STANDARDS  
ROOM A522, BUILDING 101  
WASHINGTON, D.C. 20234

TO: Members of the Evaluation Panel for the Heat Division (221.00),  
Institute for Basic Standards

Professor James E. Mercereau, Chairman  
Dr. Francis P. Bundy (General Electric Co.)  
✓ Dr. H. Tracy Hall (Brigham Young University)  
Mr. Fred E. Nicodemus (Naval Weapons Center)  
Dr. Darrell W. Osborne (Argonne National Laboratory)  
Dr. John F. Waymouth (Sylvania Lighting Products Research Center)  
Professor Benjamin Widom (Cornell University)

Gentlemen:

Enclosed are travel vouchers and a postal card for the meeting of the Evaluation Panel for the Heat Division to be held Tuesday and Wednesday, November 14-15, 1972, at the National Bureau of Standards in Gaithersburg, Maryland. The opening session will begin at 9:00 a.m., in Conference Room A-366 of the Physics Bldg. (221).

We have special arrangements with the Avis-Rent-a-Car to provide cars, and the Holiday Inn in Gaithersburg for single rooms, at reduced rates. However, to obtain such rates, it is necessary for us to make the reservations for both the cars and the rooms. You need only to identify yourself as a member of the Academy panels to obtain the special rates.

Please let us know by November 7 if you would like reservations made. The enclosed vouchers should be returned to this office for reimbursement by the Academy:

National Bureau of Standards  
Room A522, Building 101  
Washington, D. C. 20234

*Eleanor Crosby secy*  
*(301) 921-3331*

Sincerely yours,

*J. C. Schoonover*  
I. C. Schoonover, Director  
Evaluation Panels for NBS

Enclosures

cc L. M. Kushner	Martin Cooper	S. Silverman	R. J. Corruccini
H. E. Sorrows	R. P. Hudson	W. O. Baker	D. T. Goldman
Roy Stapleton	E. L. Brady	E. Ambler	B. W. Birmingham
W. G. Amey	J. A. Hornbeck		G. W. Wood (NAS-NRC)



**Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the owner. Any other accrued indemnities unpaid at the Insured's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the owner.

**Physical Examinations and Autopsy:** The Company at its own expense shall have the right and opportunity to examine the person of the Insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

**Legal Actions:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

**Change of Beneficiary:** Unless the owner makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the owner and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

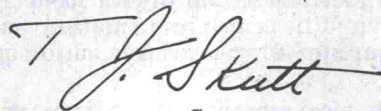
**Other Insurance in This Company:** If other individual nonrenewable air trip accident policy or policies issued by the Company to the Insured be in force concurrently herewith, making the aggregate of the Principal Sum in excess of \$150,000.00, the excess insurance shall be void and all premiums paid for such excess shall be returned to the owner.

**Conformity with State Statutes:** Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the Insured resides on such date is hereby amended to conform to the minimum requirements of such statutes.

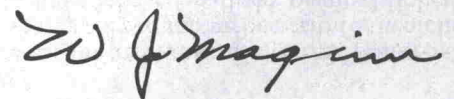
#### ADDITIONAL PROVISIONS

(a) The Company will return to the owner the premium for this policy if, because of cancellation of the flight by the airline, no part of the trip covered by this policy is made within the policy period. (b) The Annual Meeting of the Company will be held at 10 a.m. on the second Saturday after the first day of February at the Home Office of the Company.

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its Executive Vice President and Secretary.



Secretary



Executive Vice President

**PART D. MEDICAL EXPENSE BENEFITS.** When injuries require (1) treatment by a licensed physician or surgeon, (2) care or service provided by a legally constituted hospital, (3) attendance of a registered graduate nurse, (4) X-ray examination or (5) the use of an ambulance, the Company will pay the expense actually incurred therefor by the Insured within the fifty-two-week period immediately following the date of the accident, but not to exceed, in the aggregate, \$50.00 for each \$1,000.00 of the Principal Sum for any one accident. If a loss covered under this Part D is also covered under any other individual nonrenewable air trip accident policy or policies issued by the Company to the Insured, the Company's only liability under this Part D shall be for such proportion of the loss as the amount which would otherwise have been payable therefor under this Part D bears to the total amount that would otherwise have been payable therefor under this Part D and under such other policies.

**PART E. EXPOSURE AND DISAPPEARANCE.** (1) If, during the airline trip covered by this policy, the Insured is unavoidably exposed to the elements because of an accident which results in the forced landing, damaging or disappearance of an aircraft on which the Insured is covered by this policy and in which the Insured was riding, and if as a result of such exposure the Insured suffers a loss for which benefits are otherwise payable hereunder, such loss will be covered under this policy. (2) If, during the airline trip covered by this policy, the Insured disappears because of an accident which results in the disappearance, sinking or damaging of an aircraft on which the Insured is covered by this policy and in which the Insured was riding, and if the body of the Insured has not been found within fifty-two weeks after the date of such accident, it will be presumed, subject to no evidence to the contrary, that the Insured suffered loss of life as a result of injuries covered by this policy.

**PART F. EXCHANGE OF TICKET.** If the original ticket held by the Insured for the airline trip covered by this policy is exchanged for another ticket covering all or any portion of said airline trip, this insurance shall apply to the airline trip for which the substituted ticket is issued in the same manner and to the same extent that it would have applied had the original ticket remained in effect.

**PART G. EXCEPTIONS.** This policy does not cover: (1) any loss caused by act of declared or undeclared war, (2) suicide or any attempt thereat, sane or insane, or (3) injuries received while making any parachute jump which is other than for the purpose of saving the Insured's life.

### **POLICY PROVISIONS**

**Entire Contract; Changes:** This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

**Notice of Claim:** Written notice of claim must be given to the Company within twenty days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the owner or the beneficiary to the Company at Omaha, Nebraska, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

**Claim Forms:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

**Proofs of Loss:** Written proof of loss must be furnished to the Company at its said office within ninety days after the date of the loss for which claim is made. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Time of Payment of Claims:** All indemnities payable under this policy will be paid immediately upon receipt of due written proof of loss.

If the outbound portion of a round trip is made by means of a shuttle flight system of a scheduled airline and the Insured is issued a ticket for his return trip to the Point of Departure at a time other than that specified in (a) or (b) of the preceding paragraph, coverage will nevertheless be extended for such return trip made on a scheduled airline. If the Insured is self-ticketing himself for the trip for which the policy is issued, but if the scheduled airline permitting such self-ticketing does not permit the issuance of a single ticket for a round trip, coverage will nevertheless be extended for the Insured's first return trip to the Point of Departure; provided, however, that the number on the ticket that the Insured will use for such return trip is shown on the application for this policy and is so identified.

- (1) **SCHEDULED AIRLINES**—Injuries received while riding as a passenger (not as a pilot or crew member) in, or boarding or alighting from, an aircraft powered by more than a single engine and operated on a regular scheduled (not special or chartered) flight: (a) by a scheduled airline of United States registry holding a Certificate of Public Convenience and Necessity issued by the Civil Aeronautics Board (or its successor) of the United States of America, (b) by an intrastate scheduled airline of United States registry maintaining regular published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates, (c) by an air carrier who is a member of the Commuter Air Carrier Conference, a division of the National Air Transportation Conferences, Inc. (or its successor), or (d) by a scheduled airline of foreign registry maintaining regular published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline.
- (2) **SUBSTITUTE LAND OR WATER CONVEYANCES**—Injuries received while riding as a passenger in any land or water conveyance provided at the expense of the airline or air carrier as a substitute for an aircraft on which the Insured is covered by this policy.
- (3) **AIRPORT BUS AND LIMOUSINE SERVICE**—Injuries received while riding as a passenger in an airport bus or limousine provided, or arranged for, by the airline, air carrier or airport authority, but only: (a) when going to, or after being at, an airport for the purpose of boarding an aircraft on which the Insured is covered by this policy or (b) when leaving an airport after alighting from such an aircraft.
- (4) **AIRPORT PREMISES**—Injuries received while upon any airport premises designated for passenger use, but only when the Insured is upon such premises immediately before boarding, or immediately after alighting from, an aircraft on which the Insured is covered by this policy.

**PART B. POLICY PERIOD.** This insurance commences on the Effective Date and Time designated in the Schedule and terminates either upon completion of the airline trip covered by this policy or upon expiration or surrender for refund or credit of the airline ticket, whichever occurs first, but in no event shall this insurance remain in force for more than ninety days from the Effective Date and Time.

**PART C. BENEFITS FOR LOSS OF LIFE, LIMB OR SIGHT.** When injuries result in any of the following losses within one hundred days from the date of the accident, the Company will pay the applicable amount specified below:

Loss of Life or Both Feet or Both Hands or Both Eyes.....	The Principal Sum
Loss of One Hand and One Foot.....	The Principal Sum
Loss of One Hand and One Eye or One Foot and One Eye.....	The Principal Sum
Loss of One Hand or One Foot or One Eye.....	One-half Principal Sum

Loss of hand or hands, or foot or feet, means severance through or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. In event the Insured suffers more than one of the above losses as a result of the same accident, only one of the amounts specified (the largest) will be paid for all such losses. The amounts specified for loss of (1) two limbs, (2) two eyes and (3) one limb and one eye are payable only when such double loss occurs as the result of the same accident.

# SCHEDULE

Please Print

Policy Number <b>T33AV 2401505</b> <b>A</b>		Name of Insured <i>H. Tracy Hall</i>
Principal Sum \$ <i>150,000</i>	Premium \$ <i>5.00</i>	Address of Insured <i>1711 No. Lambert St</i>
Flight Number <i>UA 276</i>		City <i>Pravo</i> State <i>Ut</i>
Effective Date and Time: Mo. <i>11</i> Day <i>11</i> Yr. <i>72</i> Time <i>9:15</i> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Name of Beneficiary <i>Ida Rose Hall</i>
Point of Departure <i>DLC Ut</i>		Address of Beneficiary <i>Same</i>
Countersigned by <i>Law O'Leary</i> Licensed Resident Agent		City <i>Same</i> State
Trip to be made on: <input type="checkbox"/> One-way Ticket <input checked="" type="checkbox"/> Round-trip Ticket		Destination <i>Washington DC</i>
Insured is owner unless checked here: <input type="checkbox"/> Beneficiary is owner.		Personal Signature of Insured <i>H. Tracy Hall</i>

**This Is a Nonrenewable Scheduled Airline Trip Accident Policy Providing Coverage on a Ticketed One-way Trip Only Unless Ticketing for a Round Trip Is Obtained Before Leaving Point of Departure.**



**MUTUAL OF OMAHA INSURANCE COMPANY**

Dodge at 33rd Street  
Omaha, Nebraska 68131

(Herein called the Company)

In consideration of the payment of the premium shown in the Schedule, the Company, subject to the provisions of this policy, hereby insures the person named as Insured in the Schedule against loss of life, limb or sight and other specified losses resulting, independently of all other causes, from injuries as defined herein.

**PART A. DEFINITION OF "INJURIES."** The term "injuries," wherever used in this policy, means accidental bodily injuries received during the first one-way or round airline trip made by the Insured between the Point of Departure and the Destination (both designated in the Schedule) on or after the Effective Date and Time designated in the Schedule; provided, however, such injuries are received while this policy is in force and as specified in paragraphs (1), (2), (3) or (4) of this Part A and further provided that an airline ticket (a) is issued to the Insured prior to leaving the Point of Departure, (b) is, or would have been, issued to the Insured while he is in flight, but prior to the time that the aircraft in which he is riding makes its first scheduled stop after leaving the Point of Departure, or (c) is issued to the Insured in accordance with Part F, and such airline ticket includes transportation for that portion of the trip during which such injuries are received.