

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Long Steel Mine Record No. 574
Nationality Polish Age 57 Wt. 150
Color eyes Brown Hair Dark Identification Marks Cont. mark on forehead
In what capacity employed? Digger Check No. 32
30 years

Shot Examiner's? Fire Boss? Mine Foreman's?
Have you worked during the last year? For Bear River Coal Co from _____ to _____
For Bear River Colo from _____ to _____
For _____ from _____ to _____
Read? Eng Write? Eng
Are you a citizen? Yes
If married, give full name of wife _____
If not, give her present address _____
Give names and ages of your children and indicate those married: Those living with you _____
Not living with you (give addresses) _____

Children who are physically or mentally defective? _____
Name and address Joe (30) Louis (31)
Who supports him? _____
Do you contribute to his support? _____ Is your mother living? No
Name and address _____
Do you contribute to her support? _____
Amount _____
Name and address of your brothers None
Name and address of your sisters None
Name and address of EVERYONE (other than wife, children, father or mother) dependent on you for support None

Do you contribute to their support each year? _____ Amount _____
Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act? Yes
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes
Name and address of person to whom you desire notice sent in event of your death Mr. Cook, Neb
Bear River, Colorado, 7/25/17, 19 32
James C. Cole
Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name)