

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

John Chernick Mine Record No. _____
Nationality Slav Age 40 Wt. 175
Hair Gray Identification Marks more than 100 scratches
Occupation 33 years capacity employed? 33 years digging Check No. _____

Are you a "Shot Fire" _____
Shot Examiner's? Fire Boss'? Mine Foreman's?
from _____
from _____
to _____
Read? Slav
Are you a citizen? No
If married, give full name of wife _____
If not, give her present address _____
Give names and ages of each of your children, and indicate those married: Those living with you _____
Not living with you (give addresses) _____

Do you contribute to his support? _____ Is your mother living? No
Do you contribute to her support? _____
How much do you contribute to support of father or mother, or both? _____
Name and address of your brothers _____
Name and address of your sisters _____
Name and address of EVERYONE (other than wife, children, father or mother) dependent on you for support _____
How much do you contribute to their support each year? _____
Date of last contribution _____ Amount _____

Have you a copy of the State Coal Mining Law? Yes Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act? Yes, and do you elect and agree to become subject thereto? Yes
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes
Give name and address of person to whom you desire notice sent in event of your death _____

Dated at Bear River, Colorado, 7/20/33
John Chernick
Signature of Employee or Applicant (Full Name)