

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal COMPANY

Name Mike Kelly Mine. Record No. Beaumont Colo
Nationality Irish Age 29 Wt 175
Complexion rudd Color eyes brown Hair light Identification Marks none
Date employed 11/10/15 In what capacity employed? Drigger Check No. _____
State fully experience in coal mines 9 years

Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boss's? Mine Foreman's?

For whom have you worked during the last year? For Fraser Coal Co, Beaumont Colo from _____
to _____; For just year from _____ to _____

At what work were you employed? Drigger
What languages can you speak? English Read English
Write English

Where were you born? Beaumont Colo Are you a citizen?

Are you single, married, or a widower? single If married, give full name of wife _____

Is she living with you? If not, give her present address _____

To what extent is she dependent on you for support? _____ Give names and ages

of each of your children, and indicate those married: Those living with you _____
Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? _____

Which children who are self supporting? _____

Is your father living? No If so, give his age _____ Name and address _____
Who supports him? _____

Do you contribute to his support? _____ Is your mother living? No

If so, give her age _____ Name and address _____
Who supports her? _____ Do you contribute to her support? _____

How much do you contribute to support of father or mother, or both? _____

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers None

Give names and addresses of your sisters None

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support
none

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 Beaumont, Colo., 10-10-15, 1915

Interpreter Henry F. Jones Signature of Employe or Applicant (Full Name) Mike Kelly

Witness Henry F. Jones Superintendent or Mine Clerk.