

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Albert Lloyd Mine Record No. _____
 Nationality _____ Age _____ Wt. _____
 Et 5-11" Complexion _____ Color eyes blue Hair _____ Identification Marks low eye teeth jagged
 Date employed 1/1/24, 1924 In what capacity employed? digging Check No. _____
 State fully experience in coal mines 5 years
 Have you a Shot Firer's Certificate? _____ Shot Examiner's? _____ Fire Boss? _____ Mine Foreman's? _____
 For whom have you worked during the last year? For _____ from _____
 to _____; For last year from _____
 to _____; For _____ from _____ to _____
 At what work were you employed? _____
 What languages can you speak? English Read? Eng
 Write? _____
 Where were you born? Palisade Colo Are you a citizen? yes
 Are you single, married, or a widower? _____ If married, give full name of wife _____
 Her age _____ 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? _____
 Name 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? yes
 If so, give her age 56 Name and address Mrs E. L. Young, Palisade Colo
 Who supports her? I help Do you contribute to her support? yes
 How much do you contribute to support of father or mother, or both? approximately 20000 per year
 Date last contribution was made lived in home & help had bills Amount _____
 Give names and addresses of your brothers Mr Lloyd, California
 Give names and addresses of your sisters Mrs Chester Reed, W. Oregon Colo
 Give names and addresses 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
 now? 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, 1/1/24, 1924
 Interpreter _____
 Witness _____ Superintendent or Mine Clerk _____ Signature of Employee or Applicant (Full Name) Albert Lloyd