THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Kull Coal COMPANY
Dear Record No.
Name N. L. Chaussec Nationality Canadian Age 48 Wt 145
Ht 5'6 Complexion Med Color eyes Blue Hair August Identification Marks
Date employed 9/13, 19.73 In what capacity employed? Digg Check No. 28
State fully experience in coal mines. Manual
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 from
to from
tofromto
At what work were you employed?
What languages can you speak? Read 6719
Write Cong
Where were you born? Are you a citizen?
Are you single, married, or a widower? Manual If married, give full name of wife and the chausse
Her age Is she living with you? If not, give her present address and the state of t
To what extent is she dependent on you for support?
of each of your children, and indicate those married: Those living with you
Deta Chaussee, 1563 Lay land St. Not living with you (give addresses)
Which children, if any, are physically or mentally defective?
Name children who are self supporting. Dela Chausse
Is your father living? If so, give his age. Name and address.
Who supports him?
Do you contribute to his support?Is your mother living?
If so, give her ageName 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 Amount
Give names and addresses of your brothers
Give names and addresses of your sisters man Kenat, Weggins, Muss.
Give names and addresses of your sisters.
Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support
dive names and addresses of Events one (other than wire, children, father or mother) dependent on you for support
How much do you contribute to their support each year
Date of last contribution
Have you a copy of the State Coal Mining Law? Have you had notice that the above named Employer is subject
to the provisions of the Workmen's Compensation Act?, and do you elect and agree to become subject thereto
now? Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?
Give name and address of person to whom you desire notice sent in event of your death acce chauses
Laretta Heights; Ones,
Dated at Dear Kuise, Colo, . Spt 17 192
Interpreter
Witness Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)