

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE COMPANY

..... Mine Record No.

Name Nationality Age Wt.

Ht. Complexion Color eyes Hair Identification Marks

Date employed 19..... In what capacity employed? Check No.

State fully experience in coal mines.....

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 from

to; For from to

At what work were you employed?.....

What languages can you speak? Read?

..... Write?

Where were you born? Are you a citizen?

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? 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 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.....

Give names and addresses of your sisters.....

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? 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.....

Dated at, Colorado,, 19.....

Interpreter.....

Witness.....

Superintendent or Mine Clerk

Signature of Employe or Applicant (Full Name)