

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE \_\_\_\_\_ COMPANY

Name \_\_\_\_\_ Mine Record No. \_\_\_\_\_  
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? \_\_\_\_\_ Ffre 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 Employee or Applicant (Full Name) \_\_\_\_\_