

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE _____ COMPANY

Name _____ Mine Record No. _____
Age _____ Wt. _____

Ht. _____ Complexion _____ Color eyes _____ Hair _____ Identification Marks _____

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

State fully experience in coal mines _____

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

For whom have you worked during the last year? 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) _____