THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

COMPANY COMPANY
Be. D. D. A.
Nationality Age Wt.
Color eyes Hair Hair Identification Marks
In what capacity employed? Check No
Shot Examiner's? Fire Boss's? Mine Foreman's?
the last year? For from
from
Reachard to
Read Edg
Write
Are you a citizen?
If married, give full name of wife
If not, give her present address
Give names and ages
Those living with you.
Not living with you (give addresses)
The second was a second with the second was a second with the second was a second was a second with the second was a second with the second was a second was a second with the second was a second was a second was a second with the second was a second was a second was a second was a second with the second was a second with the second was a second was a second with the second was a
physically or mentally defective?
If so, give his age. 45 Name and address? P. C. Franks By Ruy
Who supports him?
Do you contribute to his support? Is your mother living?
Name and address.
Do you contribute to her support?
support of father or mother, or both?
Amount.
brothers with a Cally
sisters. 30 Mas Frank ask all a
EVERY ONE (other than wife, children, father or mother) dependent on you for support
to their support each year
Amount
Have you had notice that the above named Employer is subject thereto
the plan in force at the mine for furnishing medical, surgical and hospital service?
person to whom you desire notice sent in event of your death
THE TRUNCERO CONTRACTOR
Colo., 19 V
The ZA COL NO COL
Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)