Form 10—6M Dup.—9-29

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)