

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Berthoud Coal COMPANY

Name Jack Bender Mine Record No. _____
Nationality Polish Age 33 Wt. 165
Color Brown Hair Dark Identification Marks Left eye 1/2 1/2 1/2
Occupation 33 25 years Check No. _____

Have you a State Miner's Certificate? _____
Shot Examiner's? _____ Fire Boss? _____ Mine Foreman's?
When have you worked during the last year? For Berthoud Coal Co from _____
to _____ from _____ to _____

What work were you employed? last year digging
Employer's name? Emp. Read? Emp.

Are you a citizen? yes
If married, give full name of wife Single
Is she living with you? _____ If not, give her present address _____

Give names and ages of your children, and indicate those married: Those living with you _____
Not living with you (give addresses) _____

Do you contribute to his support? _____ Is your mother living? No
Name and address _____

Who supports him? _____
Do you contribute to her support? _____
Name and address _____

Do you contribute to support of father or mother, or both? _____
Amount _____

Name and address of your brother none
Name and address of your sister Mary Kayfer Shumaker Perm.

Name and address of EVERYONE (other than wife, children, father or mother) dependent on you for support
none

Do you contribute to their support each year? _____
Amount _____

Have you a copy of the State Coal Mining Law? yes Have you had notice that the above named Employer is subject
to the provisions of the Workmen's Compensation Act? yes, and do you elect and agree to become subject thereto
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? yes

Name of person to whom you desire notice sent in event of your death Mary Kayfer - 425 Shuman St Shumaker Perm
Address Berthoud, Colorado, 7/24/19, 1933

Signature of Superintendent or Mine Clerk Henry J. Dicks Signature of Employee or Applicant (Full Name) Jack Bender