

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beau Rivier Coal COMPANY

Name Arthur Banner Mine. Record No. Beau Rivier
 Nationality American Age 26 Wt. 164
 Height 5'9" Complexion Light Color eyes Blue Hair Sandy Identification Marks
 Date employed 4/15, 1924 In what capacity employed? Digger Check No. _____
 State fully experience in coal mines 3 years

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

For whom have you worked during the last year? For Ohio Creek Coal Co. from 3 yrs
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Machine

What languages can you speak? Eng Read Eng
 Write _____

Where were you born? Chattanooga, Tenn Are you a citizen? Yes

Are you single, married, or a widower? Single 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? No If so, give his age _____ Name and address _____

Who supports him? _____

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

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 Oula Peak, No. Chattanooga
Tenn.

Give names and addresses of EVERY ONE (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? 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
 now? Yes Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes

Give name and address of person to whom you desire notice sent in event of your death Oula Peak
Chattanooga, Tenn.

Dated at Beau Rivier, Colo., April 15, 1924

Interpreter _____

Witness [Signature] Superintendent or Mine Clerk. Arthur Banner Signature of Employee or Applicant (Full Name)