Witness

## THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Beachine Coal COMPANY
Mine. Record No.
Name Nationality Nationality Age 24 Wt 48
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's? Mine Foreman's?
For whom have you worked during the last year? For some from the last year?
to from
to; For
At what work were you employed?
What languages can you speak?
Write.
Where were you born?Are you a citizen?
Are you single, married, or a widower?
Her age
To what extent is she dependent on you for support?
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?
Is your father living? If so, give his age. Name and address.
Haufer Total Colo Who supports him? Haufer State Color Who supports him?
Do you contribute to his support? Is your mother living?
If so, give her age 5 4 Name and address Mis Frank Brayles, Hoylers, Cale
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
Give names and addresses of your brothers
Give names and addresses of your sisters.
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? 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
Haubro, Caeo of
Dated at Colo., Colo., 19X
Interpreter 1
Witness MAO o de Mine Clark Signature of Employe en Applicant (Full Name)
Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)