

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co. COMPANY

Name Jim Meara Mine Record No. _____
 Nationality Italian Age 37 Wt. 155
 Ht. 5-6" Complexion Dark Color eyes Brown Hair Dark Identification Marks _____
 Date employed _____, 19____ In what capacity employed? Supervisor Check No. _____
 State fully experience in coal mines. 37 years

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 Bear River Coal Co. from _____
 to _____; For last year from _____ to _____

At what work were you employed? _____
 What languages can you speak? Italian, English Read? Italian
 Write? Italian

Where were you born? _____ Are you a citizen? No
 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? 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 None

Give names and addresses of your sisters Antonio, Georges, Frontier, Hugo

Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support
None

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 _____

Dated at Bear River, Colorado, _____, 19____

Interpreter _____
 Witness _____ Superintendent or Mine Clerk _____ Signature of Employee or Applicant (Full Name) _____