THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

Mine. Record No	THE COMPANY
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Date employed	Ht Complexion Color eyes Hair Identification Marks
State fully experience in coal mines Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boas's? Mine Foreman's? For whom have you worked during the last year? For to to From To Fro	
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to	For whom have you worked during the last year? For from from from
At what work were you employed? What languages can you speak? Write. Write. Write. Are you a citizen? Write. Are you single, married, or a widower? 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? Do you contribute to his support? It so, give her age. Name and address. Who supports him? Do you contribute to support of father or mother, or both? Date last contribution was made. Give names and addresses of your sisters. Give names and addresses of your brothers. Give names and addresses of your sisters. Amount. How much do you contribute to their support each year. Date of last contribution. Amount. Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act? Amount. Do you understand the plan in force at the mine for furnishing medical, surgical and hospital servicet. Give name and address of person to whom you desire notice sent in event of your death. Dated at	to from
What languages can you speak? Write. Where were you born? 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? It so, give his age. Name and address Who supports him? Who supports him? Do you contribute to his support? Is your mother living? 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 sisters. Give names and addresses of your sisters. 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 previsions 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? Clive name and address of person to whom you desire notice sent in event of your death. Dated at	to
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Where were you born?	
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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? Who support him? If so, give her age. Name and address Who supports her? Do you contribute to his support? Is your mother living? 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 sisters. Give names and addresses of your sisters. 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.	
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Date last contribution was made	Who supports her? Do you contribute to her support?
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now?	to the provisions of the Workmen's Compensation Act?, and do you elect and agree to become subject thereto
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	The name and address of person to whom you desire notice sent in event of your death.
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Interpreter	
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Witness Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)	Witness Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)