

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Bill James Mine Record No. \_\_\_\_\_  
 Nationality American Age 38 Wt. 180  
 Ht. 5'5" Complexion Swan Color eyes Brown Hair Dark Identification Marks \_\_\_\_\_  
 Date employed \_\_\_\_\_, 19\_\_\_\_ In what capacity employed? Wagoner Check No. \_\_\_\_\_  
 State fully experience in coal mines 17 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 Chas. Hill Coal, McKenna Co. from \_\_\_\_\_  
 to \_\_\_\_\_; For last year from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? \_\_\_\_\_

What languages can you speak? \_\_\_\_\_ Read? Eng.  
 Write? Eng.

Where were you born? Bulgaria 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 \_\_\_\_\_

Give names and addresses of your sisters \_\_\_\_\_

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

Bill James  
 Signature of Employee or Applicant (Full Name)