E EMPLOYERS' MUTUAL INSURANCE CO. COMPENSATION INSURANCE INFORMATION Mine Record No what capacity employed? If married, give full name of wife...If not, give her present address... ent on you for support?..... d indicate those married: Those living with you.Not living with you (give addresses) bysically or mentally defective? ERYONE (other than wife, children, father or mother) dependent on you for support bute to their support each year?..... Mining Law? Have you had notice that the above named Employer is subject , and do you elect and agree to become subject thereto Compensation Act?..... the plan in force at the mine for furnishing medical, surgical and hospital service?..... whom you desire notice sent in event of your death Colorado,

Mine Clerk

Signature of Employe or Applicant (Full Name)