

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fraker Coal COMPANY

Name Mont Sullivan Mine. Record No. Beaver  
Nationality Amer Age 28 Wt. 185  
Color eyes blue Hair light Identification Marks Scars  
In what capacity employed? Digging Check No. \_\_\_\_\_  
Experience in coal mines 5 years

Shot Examiner's?  Fire Boss's?  Mine Foreman's?   
Where have you worked during the last year? For Beaver Coal Co. & Fraker Coal Co. from \_\_\_\_\_  
; For Beaver Coal Co. for past year from \_\_\_\_\_  
; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
In what work were you employed? Digging & the work  
What language can you speak? Eng Read Eng  
Write Eng  
Are you a citizen? yes  
If married, give full name of wife Victor, Colorado  
Is she living with you? yes If not, give her present address \_\_\_\_\_  
Give names and ages of children dependent on you for support? \_\_\_\_\_  
and indicate those married: Those living with you none  
Not living with you (give addresses) \_\_\_\_\_

Are any children physically or mentally defective? \_\_\_\_\_  
Are any children self supporting? \_\_\_\_\_  
If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_  
Who supports him? \_\_\_\_\_  
Do you contribute to his support? \_\_\_\_\_ Is your mother living? no  
Name and address \_\_\_\_\_  
Do you contribute to her support? \_\_\_\_\_

Do you contribute to support of father or mother, or both? \_\_\_\_\_  
Amount \_\_\_\_\_  
Addresses of your brothers none  
Addresses of your sisters none

Addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support \_\_\_\_\_  
Do you contribute to their support each year? \_\_\_\_\_  
Amount \_\_\_\_\_

Have you had notice that the above named Employer is subject to the State Coal Mining Law? yes  
and do you elect and agree to become subject thereto? yes  
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? yes  
Address of person to whom you desire notice sent in event of your death \_\_\_\_\_

Beaver, Colo., 12-10-, 1928  
Henry J. Dodds Superintendent or Mine Clerk.  
Mont Sullivan Signature of Employee or Applicant (Full Name)