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Correspondence on a Matter of Workman's Compensation

Morgan Construction Company

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IMMEDIATE NOTICE to be given with full details as below.

Name of Co. ____________________________

To the Am. Mut. Liability Ins. Co., 40 WATER STREET, BOSTON, MASS.

We hereby notify you that the person described in the margin, being at that time employed by us, in our works at ________________________________
in the capacity of ________________________________ was injured on ________________________ 190 at ________________________________

at ________________________________ o'clock, A. M.

Cause and manner of the injury were as follows,

Nature and extent of injury, give physician's report, if any,

Was the injury due to any negligence or fault, and (if so) whose and what?

Any supposed defect in machinery or works, and (if so) what?

Steps taken for immediate relief,

Has the injured person to your knowledge any accident or benefit insurance?

Name, ________________ Age, ______ Married or Single?
Weekly Wages, ________________ Nationality, ________________
Speaks and understands English?
How long in your service?
How long employed at work he was doing when hurt?
Was this regular duty of employee?

Notice made out by ________________________________

Position with employer ________________________________

(OVER)