

**FILED**

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA 2012

WCC No. 2000-0222 & 2003-0771

OFFICE OF  
WORKERS' COMPENSATION JUDGE  
HELENA, MONTANA

Robert Flynn & Carl Miller

Petitioners

vs.

State Compensation Insurance Fund, et al.

Respondent/Insurers

**AFFIDAVIT**

STATE OF MARYLAND )  
: ss.  
County of Baltimore )

¶1 I, William A. Peterson (NAME), being first duly sworn upon oath, depose and say:

¶2 I, William A. Peterson (NAME), am the Assistant Secretary (POSITION) of Zurich American Insurance Co. of Illinois ("Zurich American Illinois") (NAME OF INSURER OR SELF-INSURER).

¶3 In my capacity as Assistant Secretary (POSITION) of Zurich American Illinois (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of Zurich American Illinois (NAME OF INSURER OR SELF-INSURER) and to bind Zurich American Illinois (NAME OF INSURER OR SELF-INSURER) by these statements.

¶4 After a review of our records, I swear under oath that Zurich American Illinois (NAME OF INSURER OR SELF-INSURER) should be dismissed from the above-entitled action for any or all of the following reasons (check any or all that apply):

DOCKET ITEM NO. 687

- \_\_\_\_\_ (NAME OF INSURER OR SELF-INSURER) has never written workers' compensation insurance in the state of Montana;
- \_\_\_\_\_ (NAME OF INSURER OR SELF-INSURER) does not have any Montana claims;
- Zurich American Illinois (NAME OF INSURER OR SELF-INSURER) has no claimants meeting the Court's criteria in this matter as set forth in the summons; and Flynn III, 2011 MT 300.
- \_\_\_\_\_ (NAME OF INSURER OR SELF-INSURER) was or is in liquidation during the period in question set forth in the amended summons served upon me.

¶15 I understand that the Montana Workers' Compensation Court may allow a period of up to 90 days from the date of filing this affidavit within which counsel for Petitioner[s] may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of Zurich American Illinois (NAME OF INSURER OR SELF-INSURER). After such 90 days, if no objection is lodged by counsel for Petitioner[s], the Court will dismiss the insurer/self-insurer from this action based on the sworn statements made by me in this affidavit.

¶16 I declare under penalty of perjury that the foregoing is correct.

DATED this 9<sup>TH</sup> day of July, 2012

William A. Petru  
 \_\_\_\_\_  
 (Name)  
 \_\_\_\_\_  
 Assistant Secretary  
 \_\_\_\_\_  
 (Title)

Signed and sworn to before me this 9<sup>th</sup> day of July, 2012

Lynn S. Smolch  
 \_\_\_\_\_  
 Notary Public for the State of Maryland  
 Residing at: Howard County, MD  
 My Commission Expires: August 3, 2013

(SEAL)