

FILED

DEC 19 2005

OFFICE OF
WORKER'S COMPENSATION JUDGE
HELENA, MONTANA

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0278

Eva Mae Hiatt

Petitioner

vs.

MONTANA Schools Group Insurance Authority

Respondent/Insurer.

AFFIDAVIT

STATE OF MASSACHUSETTS)
County of Suffolk) : ss.

¶1 I DAVID CARIGLIA (NAME), being first duly sworn upon oath, depose and say:

¶2 I, DAVID CARIGLIA (NAME), am the Vice President WC Claims (POSITION) of Lumber Mutual Insurance (NAME OF INSURER OR SELF-INSURER).

¶3 In my capacity as Vice President-claims (POSITION) of Lumber Mutual Insurance (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of Lumber Mutual (NAME OF INSURER OR SELF-INSURER) and to bind Lumber Mutual (NAME OF INSURER OR SELF-INSURER) by these statements.

¶4 After a review of our records, I swear under oath that Lumber Mutual Insurance (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. 115

- _____ (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;
- Lumber Mutual Insurance (NAME OF INSURER OR SELF-INSURER) has no claimants meeting the Court's criteria in this matter as set forth in the summons;
- _____ (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 Lumber Mutual Insurance (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 9th day of December, 2005.

[Signature]

(Name)

ASST VP- Claims WC

(Title)

Signed and sworn to before me this 9th day of December, 2005

[Signature]

Notary Public for the State of Massachusetts
Residing at: Middlesex County
My Commission Expires: 10/8/2010

(SEAL)

