

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

FILED

MAR - 7 2012

Cassandra Schmill

Petitioner

vs.

OFFICE OF
WORKERS' COMPENSATION JUDGE
HELENA, MONTANA

Liberty Northwest Insurance Corp., et al.

Respondent/Insurers

AFFIDAVIT

STATE OF Florida)
) : ss.
County of Orange)

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

¶2 I, Shannon Cables (NAME), am the AVP of Workers' Comp (POSITION) of Clarendon National Insurance Company ("Clarendon") (NAME OF INSURER OR SELF-INSURER).

¶3 In my capacity as AVP of Workers' Comp (POSITION) of Clarendon (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of Clarendon (NAME OF INSURER OR SELF-INSURER) and to bind Clarendon (NAME OF INSURER OR SELF-INSURER) by these statements.

¶4 After a review of our records, I swear under oath that Clarendon (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):

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- _____ (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;
- Clarendon (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 Clarendon (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 1 day of March, 2012

Manuel D. [Signature]

 (Name)
AUP of Work's Comp

 (Title)

Signed and sworn to before me this 1 day of March, 2012

Michelle R. Webb
 Notary Public for the State of Florida
 Residing at: Orange
 My Commission Expires: 2/10/16

