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

WCC No. 2001 - 0300



## **CASSANDRA SCHMILL**

MAR - 7 2012

Petitioner

OFFICE OF WORKERS' COMPENSATION JUDGE HELENA, MONTANA

vs.

## LIBERTY NORTHWEST INSURANCE CORPORATION

Respondent/Insurer,

## **MONTANA STATE FUND**

Intervenor.

	AFFIDAVIT
STAT	E OF Wisconsin)
Count	: ss. ry of Portage)
<b>¶</b> 1	I, Eric M. Fugina (NAME), being first duly sworn upon oath, depose and say:
¶2	I, Eric M. Fugina (NAME), am the Claims Technical Specialist, Sr
	(POSITION) of Sentry Insurance A Mutual Company_ (NAME OF INSURER OR SELF-INSURER).
¶3	In my capacity as Claims Technical Specialist, Sr (POSITION) of Sentry Insurance A Mutual Company (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of Sentry Insurance A Mutual Company (NAME OF INSURER OR SELF-INSURER) and to bind Sentry Insurance A Mutual Company_ (NAME OF INSURER OR SELF-INSURER) by these statements.
¶4	After a review of our records, I swear under oath that Sentry Insurance A Mutual Company (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;
	Sentry Insurance A Mutual Company (NAME OF INSURER OR SELF-INSURER) has no claimants meeting the Court's criteria in this matter as set forth in the summons;
<b>¶</b> 5	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 Sentry Insurance A Mutual Company (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.
¶6	I declare under penalty of perjury that the foregoing is correct.
	DATED this22nd day of July, 2011.
	Claims Technical Specialist, Sr (Title)
	Signed and sworn to before me this 22nd day of July, 2011.  Signed and sworn to before me this 22nd day of July, (Signature of Notary)  [Signature of Notary]  [Typed, stamped, or printed]
	Name of Notary   Notary Public for the State of Wisconside
	(NOTARIAL SEAL) Residing at Wisconsin Rapids
	My commission expires: <u>01-18-0</u> 0 ≤2011