## IN THE ASSOCIATE CIRCUIT COURT FOR THE 21st JUDICIAL CIRCUIT ST. LOUIS COUNTY, MISSOURI

DORIAN WEST,	)
Plaintiff,	)
v.	) Case No. 23SL-AC14270
GREAT WEST CASUALTY COMPANY	) (, )
Defendant.	)

## **AFFIDAVIT OF MARY ANDERSON**

COMES NOW Mary Anderson, of sound mind and having attained the age of majority, and hereby states as follows:

- I am Senior Vice President, Treasurer, and Chief Financial Officer at Great West
   Casualty Company.
- 2. This affidavit is based upon my personal knowledge and information maintained in the ordinary course of business by or on behalf of Great West Casualty Company.
- 3. In my position with Great West Casualty Company, I am an authorized signatory for all checks issued by Great West.
- 4. My signature is automatically generated after approval for issuance of payment has been granted in connection with a claim.
- 5. Two checks issued in connection with the claim made by Dorian West are attached hereto to this Affidavit.
  - 6. My automatically generated signature is represented on these checks.
  - 7. I have no personal knowledge of the Dorian West claim.

8. Neither I nor Great West have control over who endorses or attempts to submit an endorsed check to a financial institution.

## FURTHER AFFIANT SAYETH NAUGHT.

Executed this
By Mary Anderson As representative of Great West Casualty Company
Subscribed and sworn to before me on this 2 day of January, 2024, by
Babara Sansin Notary Public
My Commission Expires: 8/18/27

GREAT WEST CASUALTY COMPANY 1100 WEST 29TH STREET **SOUTH SIOUX CITY NE 68776** 

CHECK FOR 200

56-503 422

DATE OF LOSS

01/29/23

CHECK NO:

DATE 03/07/23 **AMOUNT** |\$\*\*\*108,150.00|

PAY TO THE DORIAN WEST AND MAVERICK LEASING LLC ORDER OF

\*\*\*\*\*\*\*\*\*\*\*108,150 DOLLARS 00 CENTS------

PAYABLE FOR

CLAIM NUMBER

MAVERICK TRANSPORTATION ICP00136S S31926-M U01

VALID ONLY WITHIN SIX MONTHS OF ISSUE MIAMISBURG, OHIO

INSURED

Mary anderson AUTHORIZED SIGNATURE

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POLICY NUMBER

U.S. Bank

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WERICK USA IN120 MAVERICK TRANSPORTATION

\* FOR DEPOSIT ONLY 7 ( ) 7 ( ) 7 ( ) 2.2

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POLICY NUMBER	CLAIM NUMBER	INSURED	DATE OF LOSS	
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DOCUMENT CONTAINS 2 COLOR BACKGROUND, VISIBLE FIBERS, TONER GRIP, AND WATERMARK PAPER - HOLD TO LIGHT TO VIEW



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