

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

McGriff, Seibels & Williams of Texas, Inc.  
 Addison, TX United States

Certificate Number:  
 2016-1203

Date Filed:  
 01/05/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

City of Fort Worth

Date Acknowledged:

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.**

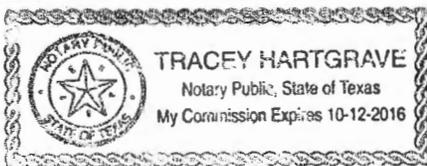
15-0239  
 Excess Workers' Compensation Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	McGriff, Seibels & Williams of Texas, Inc.	Addison, TX United States		X

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Johnny Fontenot, this the 5<sup>th</sup> day of January, 20 16, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of officer administering oath

Johnny Fontenot, Executive Vice President  
 \_\_\_\_\_  
 Printed name of officer administering oath Title of officer administering oath