

# 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

**Date Acknowledged:**  
03/04/2016

**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

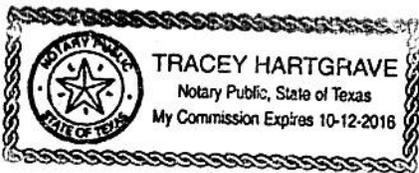
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.**  
15-0239  
Excess Workers' Compensation Insurance

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.



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Johnny Fontenot, this the 19<sup>th</sup> day of April, 2016, to certify which, witness my hand and seal of office.

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

Tracey Hartgrave \_\_\_\_\_  
Printed name of officer administering oath

Vice President \_\_\_\_\_  
Title of officer administering oath