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. | | Certificate Num | |
| | Arthur J. Gallagher Risk Management Services, Inc. Dallas, TX United States | | 2017-262048 | |
| 2 | Dallas, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is | | Date Filed: - 09/18/2017 | |
| | being filed. Fort Bend County | | Date Acknowle | daadi |
| | | | | |
| 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 services, goods, or other property to be provided under the contract. | | | |
| | RFP14-046 | | | |
| | Aviation Insurance | | | |
| 4 | Name of Interested Party | City, State, Country (place of busine | 3533330 | ture of interest |
| | Name of meresica raity | City, State, Country (place of pushio | Controll | eck applicable) ling Intermediary |
| QI | BE Insurance Corporation | Harrisburg, PA United States | X | |
| Arthur J. Gallagher Risk Management Services, Inc. | | Dallas, TX United States | | Х |
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| 5 | Check only if there is NO Interested Party. | | | |
| 6 | AFFIDAVIT L swear, or a | affirm, under penalty of perjury, that the a | - have disclosure | '- t and correct |
| | Annual Constitution of the | Alliffin, under periodity of perjury, that the t | adove disclosure | is true and conect. |
| | Brandi L Price Notary Public | 1 1/1 | /_ / | |
| | State of Texas | | | |
| My Comm. Exp. 07/01/2019 Signature of authorized agent of contracting business entity | | | | entity |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | |
| | Sworn to and subscribed before me, by the said WS Van der Voort, this the 18th day of September, 20_17_, to certify which, witness my hand and seal of office. | | | |
| | Manual Shire. Drandi | I Diag | (man) D | dalie |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | nistering oath |
| | | | | |