

RISK MANAGEMENT DEPARTMENT

Fort Bend County, Texas

Wyatt O. Scott
Director

Phone: 281-341-8630
Fax: 281-341-3751

March 1, 2017

Members of Commissioners' Court
Fort Bend County

Re: Renewal of Property & Casualty Insurance Programs for 4/1/2017-2018 &
4/1/2018-4/1/2019 for Excess Property and Excess Workers Compensation only

Dear Honorable Court Members:

Attached you will find a renewal summary for the Brit Global, USA Premier Public Entity "Package" (Brit Insurance), the Midwest Employers Casualty Company Excess Workers Compensation policy, for the Admiral Insurance Company Medical Professional Liability insurance and for the American Home Assurance Company Excess Property program.

The Brit Insurance program is offering the County a premium reduction for the second year in a row with a reduction of 6.4%.

Midwest has offered to renew our excess workers' compensation at the same rate with no increase. There is an increase in premium due to an increase in reported payroll.

Admiral has offered a flat renewal for the Medical Mal Practice insurance.

The Excess Property carrier, American Home, has also presented the County with a rate decrease of 9.7%.

The overall Casualty and Property expiring premium is \$1,849,124.51 and the proposed renewal premium is \$1,753,684.23. This is an overall decrease of 5.2%. Given the County's growth and increased exposures, this is a good renewal proposal which is recommended by Risk Management. Of interest, the Excess Workers Compensation Carrier, Midwest Employers Casualty Company and the Excess Property Carrier, American Home, have offered to lock in their rates for an additional year. I recommend that we accept their offers to lock their rates for two years. If you should have any questions, please let me know.

Wyatt Scott
Director of Risk Management

Fort Bend County, Texas

Executive Summary (Cont.)

Two Year Policy Option for Excess Work Comp and Excess Property:

Coverage/Exposure Summary	Renewal 4/1/2016-2017	Renewal 4/1/2017-2018	% Change	\$ Change
Brit Package Premium:	\$ 739,567.51	\$ 692,160.00	-6.4%	\$ (47,407.51)
Broker Fee including Taxes		\$ 50,920.47		
Premier Public Entity Package	Incl.	Incl.		
Excess Public Officer's Liability	Incl.	Incl.		
Excess Liability	Incl.	Incl.		
Basis: Law Enforcement Personnel	1,307	1,239	-5.2%	
Basis: County Vehicles	999	1,114	11.5%	
Basis: APD Values	\$ 31,540,704	\$ 35,575,311	12.8%	
Basis: # of Employees	3,622	3,622	0.0%	
Basis: Payroll	\$ 121,923,629	\$ 143,948,672	18.1%	
Excess Workers Compensation Premium:		4/1/2017 - 4/1/2019		
Two Year Policy Premium		\$ 360,736.00		
Annual Installment	\$ 152,770.00	\$ 180,368.00	18.1%	\$ 27,598.00
Broker Fee		\$ 13,269.22		
Basis: Payroll	\$ 121,923,629	\$ 143,948,672	18.1%	
Rate:	\$ 0.1253	\$ 0.1253	0.0%	
Medical Professional Premium	\$ 15,687.00	\$ 15,687.00	0.0%	\$ -
Broker Fee including Taxes		\$ 1,154.06		
Basis: Patient Visits	8,000	15,000	87.5%	
Excess Property/Boiler & Machinery Premium		4/1/2017 - 4/1/2019		
Two Year Policy Premium		\$ 1,485,979.00		
Annual Installments	\$ 821,100.00	\$ 742,989.50	-9.5%	\$ (78,110.50)
Broker Fee		\$ 53,599.99	Incl.	
Basis: Insurable Values	\$ 588,642,204	\$ 589,741,022	0.2%	
Rate:	\$ 0.1395	\$ 0.1260	-9.7%	
Premium Sub-Total	\$ 1,729,124.51	\$ 1,631,204.50	-5.7%	\$ (97,920.01)
Broker Fee Sub-Total (includes Aviation & Pollution)	\$ 120,000.00	\$ 122,479.73	2.1%	\$ 2,479.73
Total Program Cost	\$ 1,849,124.51	\$ 1,753,684.23	-5.2%	\$ (95,440.28)

Texas Surplus Lines Law requires taxes to be charged on Risk Management/Broker Fees.

1. Brit: Premium includes WC TRIA
2. XS WC: Taxes Do Not Apply
4. XS Property: Premium includes Engineering Fee. No TRIA; Taxes Do Not Apply

Fort Bend County, Texas

Changes / Developments

It is important that we be advised of any changes in your operations that may have a bearing on the validity and/or adequacy of your insurance. The types of changes that concern us include, but are not limited to, those listed below:

1. Changes in any operation such as expansion to other states or new products.
2. Mergers and/or acquisition of new companies.
3. Any newly assumed contractual liability, granting of indemnities, or hold harmless agreements.
4. Circumstances which may require increased liability insurance limits.
5. Any changes in fire or theft protection, such as the installation of or disconnection of sprinkler systems, burglar alarms, etc. This includes any alterations to same. As noted in last loss control inspection.
6. Immediate advice of any changes to scheduled equipment such as contractors' equipment, electronic data processing, etc.
7. Property of yours that is in transit, unless we have previously arranged for the insurance.
8. Any changes in existing premises including vacancy, whether temporary or permanent, alterations, demolition, etc. Also, any new premises either purchased, constructed, or occupied.

No Changes and/or Developments except as noted on insurance applications and contracts are routinely executed as a regular course of business each unique in its requirements for granting indemnification and hold harmless.

Signature: _____
Signature: _____
Title: _____

Date: Robert Hebert, County Judge

Fort Bend County, Texas

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 2/17/2017, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

		LINE OF COVERAGE	CARRIER	MAJOR DIFFERENCES
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject	Brit Global Package		
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject	TRIA Coverage – WC	Lloyd's Syndicate 2987	
<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Reject	TRIA Coverage – AOC		
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject	Excess Property		
<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	1 Year Option	American Home Assurance Company	
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject	2 Year Option	(American International Group, Inc.)	
<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Reject	TRIA Coverage		
<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	Excess Workers Compensation - \$600,000 SIR		
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject	Opt# 1 - \$600,000 SIR 2 Yr.	Midwest Employers Casualty Company	
<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	Opt# 2 - \$650,000 SIR	(W. R. Berkley Group)	
TRIA Cannot be rejected		TRIA Coverage		
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject	Medical Professional Liability	Admiral Insurance Company (W. R. Berkley Group)	
<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Reject	TRIA Coverage		

The above coverage may not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those addressed in the coverage considerations included in this proposal, please list below:

Fort Bend County, Texas

Client Authorization to Bind Coverage (Cont.)

Producer/ Insured Coverage Amendments and Notes:



Client Initials

3/14/2017

Premium Adjustment (if any)

\$

SELECTION OR REJECTION OF PERSONAL INJURY PROTECTION COVERAGE

(Texas)

The Texas Insurance Code (Article 5.06-3) permits you, the insured named in the policy, to reject Personal Injury Protection Coverage. Personal Injury Protection Coverage consists of provisions in a motor vehicle liability policy which provide for payment to the named insured in the motor vehicle liability policy and members of the insured's household, an authorized operator or passenger of the named insured's motor vehicle including a guest occupant, up to an amount of \$2,500 for each such person for payment of all reasonable expenses arising from the accident and incurred within three (3) years from the date thereof for necessary medical, surgical, X-ray and dental services and loss of income as the result of the accident. Personal Injury Protection benefits under Article 5.06-3 are payable without regard to the fault or non-fault of the named insured or the recipient in causing or contributing to the accident, and without regard to any collateral source of medical, hospital or wage continuation benefits.

In accordance with Texas Insurance Code (Article 5.06-3), the undersigned insured (and each of them)

(Applicable item marked)

Agrees that the Personal Injury Protection Coverage is SELECTED with limits of \$ _____ .

Agrees that the Personal Injury Protection Coverage is REJECTED. The Personal Injury Protection Coverage described above and offered by the Insurer is completely removed and deleted from the policy. Personal Injury Protection Coverage will NOT be provided in or supplemental to a renewal policy issued by this Insurer or an affiliated Insurer unless the named insured requests such coverage in writing.



Signature of Insured

Robert Hebert, County Judge

3/14/2017

Date

Signature of Insured

Policy No. (if known)

Premium Adjustment (if any)
\$

**REJECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE
OR SELECTION OF HIGHER LIMIT OF LIABILITY
(Texas)**

The Texas Insurance Code (Article 5.06-1) permits you, the insured named in the policy, to reject Uninsured/Underinsured Motorists Coverage or to select a limit for such coverage higher than the minimum limit required by the Texas Motor Vehicle-Safety Responsibility Act but not higher than the policy's liability limit. Uninsured/Underinsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness or disease, including death, or property damage resulting therefrom.

In accordance with the Texas Insurance Code (Article 5.06-1), the undersigned insured (and each of them)—

(Applicable item marked)

agrees that the Uninsured/Underinsured Motorists Coverage afforded in the policy is hereby deleted.


agrees that the following higher limit of liability applies with respect to the Uninsured/Underinsured Motorists Coverage afforded in the policy.

(Enter if a single limit of liability applies.)

\$ each accident

(Enter if a separate limit of liability applies to Bodily Injury and Property Damage)

\$	each person	Bodily Injury
\$	each accident	Bodily Injury
\$	each accident	Property Damage



 SIGNATURE OF INSURED 3/14/2017
 Robert Hebert, County Judge

SIGNATURE OF INSURED

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.

Arthur J. Gallagher Risk Management Services, Inc.
Dallas, TX United States

Certificate Number:
2017-175573

Date Filed:
03/07/2017

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

Fort Bend County

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 services, goods, or other property to be provided under the contract.

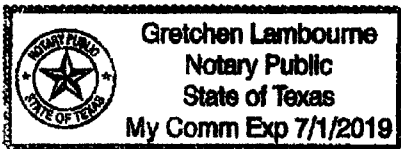
RFP 14-046
Broker of Record Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary
	Arthur J. Gallagher Risk Management Services, Inc.	Dallas, 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 Wes Vandervoort, this the 8th day of March, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Gretchen Lambourne
Printed name of officer administering oath

Notary
Title of officer administering oath

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

Certificate Number:
2017-175573

Date Filed:
03/07/2017

Date Acknowledged:
03/14/2017

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

Arthur J. Gallagher Risk Management Services, Inc.
Dallas, TX United States

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

Fort Bend County

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.

RFP 14-046
Broker of Record Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Arthur J. Gallagher Risk Management Services, Inc.	Dallas, 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.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.

Midwest Employers Casualty Company
Chesterfield, MO United States

Certificate Number:
2017-175449

Date Filed:
03/07/2017

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

Fort Bend County, Texas

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 services, goods, or other property to be provided under the contract.

RFP 14-046
Excess Workers' Compensation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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

Thomas E. Lentz
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Thomas E. Lentz, this the 7th day of March, 2017, to certify which, witness my hand and seal of office.

Margaret A. Kirk
Signature of officer administering oath

Margaret A. Kirk
Printed name of officer administering oath

Account Assoc
Title of officer administering oath

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.

Midwest Employers Casualty Company
 Chesterfield, MO United States

Certificate Number:
 2017-175449

Date Filed:
 03/07/2017

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

Fort Bend County, Texas

Date Acknowledged:
 03/14/2017

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.

RFP 14-046
 Excess Workers' Compensation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.

Brit Global Specialty USA
Chicago, IL United States

Certificate Number:
2017-175608

Date Filed:
03/07/2017

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

Fort Bend County

Date Acknowledged:

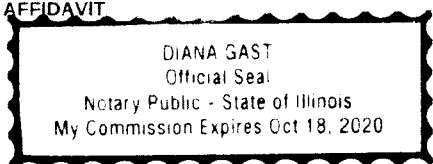
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

14-046
Brit Package Insurance Policy

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Kelley, Cheryl	Dallas, TX United States		X
Pousson, Paul	Dallas, TX United States		X
Fairfax Group,	Toronto Ontario Canada	X	
Arthur J. Gallagher & Co.,	Dallas, 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 ADAM FINKLE this the 7th day of March 2017 to certify which, witness my hand and seal of office.

[Handwritten Signature] Diana Gast Claims & Legal Associate
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.

Brit Global Specialty USA
Chicago, IL United States

Certificate Number:
2017-175608

Date Filed:
03/07/2017

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

Fort Bend County

Date Acknowledged:
03/14/2017

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.

14-046
Brit Package Insurance Policy

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kelley, Cheryl	Dallas, TX United States		X
	Pousson, Paul	Dallas, TX United States		X
	Fairfax Group,	Toronto Ontario Canada	X	
	Arthur J. Gallagher & Co.,	Dallas, 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.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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.

American International Group, Inc.
New York, NY United States

Certificate Number:
2017-177875

Date Filed:
03/13/2017

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

Fort Bend County

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 services, goods, or other property to be provided under the contract.

RFP 14-046
Excess Property Liability Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Arthur J Gallagher Risk Management Services Inc	Dallas, TX United States		X
	American Home Assurance Company	New York, NY 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.



Andrea Farfan

Digitally signed by
andrea.farfan@aig.com
DN: cn=andrea.farfan@aig.com
Date: 2017.03.14 10:26:32 -05'00'

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrea Farfan, this the 14th day of March, 2017, to certify which, witness my hand and seal of office.

Shirley M. Adams
Signature of officer administering oath

Shirley M. Adams
Printed name of officer administering oath

Title of officer administering oath

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.
 American International Group, Inc.
 New York, NY United States

Certificate Number:
 2017-177875

Date Filed:
 03/13/2017

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

Date Acknowledged:
 03/14/2017

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.
 RFP 14-046
 Excess Property Liability Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Arthur J Gallagher Risk Management Services Inc	Dallas, TX United States		X
	American Home Assurance Company	New York, NY 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.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.
Admiral Insurance Company
Mount Laurel, NJ United States

Certificate Number:
2017-177040

Date Filed:
03/10/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
FORT BEND COUNTY CLINICAL HEALTH SERVICES

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 services, goods, or other property to be provided under the contract.

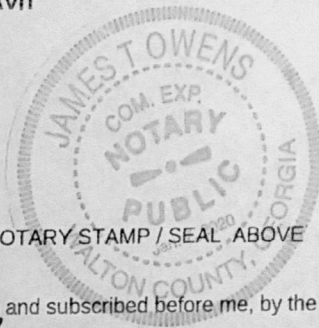
RFP 14-046
Medical Professional Liability Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Berkley Insurance Company	Wilmington, DE 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.



Nicole Jenkins
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NICOLE JENKINS, this the 14 day of MAR, 20 17, to certify which, witness my hand and seal of office.

James Owens JAMES OWENS NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.

Admiral Insurance Company
 Mount Laurel , NJ United States

Certificate Number:
 2017-177040

Date Filed:
 03/10/2017

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

FORT BEND COUNTY CLINICAL HEALTH SERVICES

Date Acknowledged:
 03/14/2017

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.

RFP 14-046
 Medical Professional Liability Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Berkley Insurance Company	Wilmington, DE 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.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath