

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:
 2018-425913

Date Filed:
 11/15/2018

Date Acknowledged:

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

Montalvo Insurance Agency, Inc.
 Weslaco , 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.

Hidalgo 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.

2019-2020 Term
 Casualty Lines & WC

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 UNSWORN DECLARATION

My name is **Ramon Montalvo, III**, and my date of birth is **12/05/56**.

My address is **6156 N. Texas (FM 88)**, **Weslaco**, **TX**, **78596**, **Hidalgo**.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in **Hidalgo** County, State of **Texas**, on the **15th** day of **November**, 20**18**.
(month) (year)



Signature of authorized agent of contracting business entity
 (Declarant)