



## NO-CONFLICT DISCLOSURE FORM

Project No.: 25-0362-09-26-03

Project Name: Property & Casualty Insurance Policy

Type of Service: Property & Casualty Insurance Policy

Evaluator's Name: David Suarez

Title/Position: Chief Administrator

### Evaluated Firms:

1. McGriff A Marsh & McLennan Agency LLC Company
2. PCF Insurance Services of the West, LLC
3. The Klement Agency Specializing in Commercial Insurance

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

David Suarez  
Signature

10/22/25  
Date



## NO-CONFLICT DISCLOSURE FORM

Project No.: 25-0362-09-26-03

Project Name: Property & Casualty Insurance Policy

Type of Service: Property & Casualty Insurance Policy

Evaluator's Name: Arnold Flores  
Title/Position: Chief Administrator HC. Pet. 2

### Evaluated Firms:

1. McGriff A Marsh & McLennan Agency LLC Company
2. PCF Insurance Services of the West, LLC
3. The Klement Agency Specializing in Commercial Insurance

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Arnold Flores  
Signature

10/22/25  
Date



## NO-CONFLICT DISCLOSURE FORM

Project No.: 25-0362-09-26-03

Project Name: Property & Casualty Insurance Policy

Type of Service: Property & Casualty Insurance Policy

Evaluator's Name: Jorge Arcuate

Title/Position: Chief Administrator

### Evaluated Firms:

1. McGriff A Marsh & McLennan Agency LLC Company
2. PCF Insurance Services of the West, LLC
3. The Klement Agency Specializing in Commercial Insurance

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Jorge Arcuate  
Signature

10-22-25  
Date



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**Project No.:** 25-0362-09-26-03

**Project Name:** Property & Casualty Insurance Policy

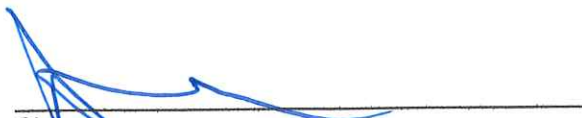
**Type of Service:** Property & Casualty Insurance Policy

**Evaluator's Name:** Dr. Jennifer Mendoza Albertson  
**Title/Position:** P4 Chief of staff for Internal Affairs

**Evaluated Firms:**

1. McGriff A Marsh & McLennan Agency LLC Company
2. PCF Insurance Services of the West, LLC
3. The Klement Agency Specializing in Commercial Insurance

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

  
Signature

10/14/25  
Date