



NO-CONFLICT DISCLOSURE FORM

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

Project Name: Property & Casualty Insurance Policy

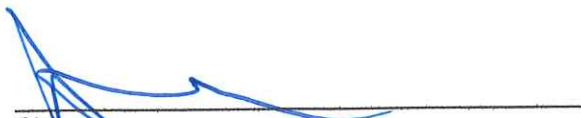
Type of Service: Property & Casualty Insurance Policy

Evaluator's Name: Dr. Jennifer Mendrea 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