

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.

Fetch Pet Insurance
New York, NY United States

Certificate Number:
2024-1237047

Date Filed:
11/11/2024

Date Acknowledged:
02/03/2025

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

Williamson County Regional Animal Shelter

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.

202566
Pet Health Insurance provider for clients/adopters of the Animal Shelter. Ref: 24RFP73 Pet Health Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fetch Pet Insurance	New York, NY United States		X

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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Pet Health Insurance provider for clients/adoptioners of the Animal Shelter. Ref: 24RFP73 Pet Health Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fetch Pet Insurance	New York, NY United States		X

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is William (Bill) Skubovick, and my date of birth is [REDACTED]

My address is [REDACTED] (street) [REDACTED] (city) [REDACTED] (state) [REDACTED] (zip code) [REDACTED] (country)

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

Executed in WINNIPEG County, State of MANITOBA on the 12 day of NOV, 2024.
(month) (year)

[Signature]
Signature of authorized agent of contracting business entity
(Declarant)