



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On: 05-05-2025 | 17:54:40 PDT

File #: 250253

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Amanda Wentworth	(415) 554-5661
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
ADM City Administrators Office	Amanda.Wentworth@sfgov.org

**5. CONTRACTOR****NAME OF CONTRACTOR**

Arthur J. Gallagher &amp; Co Risk Management Services, LLC

**TELEPHONE NUMBER**

630.773.3800

**STREET ADDRESS (including City, State and Zip Code)**

18201 Von Karman #200, Irvine, CA 92612

**EMAIL****6. CONTRACT****DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)**

04/29/2025

**ORIGINAL BID/RFP NUMBER****FILE NUMBER (If applicable)**

250253

**DESCRIPTION OF AMOUNT OF CONTRACT**

NTE \$30,000,000

**NATURE OF THE CONTRACT (Please describe)**

Insurance brokerage and related consulting services.

**7. COMMENTS****8. CONTRACT APPROVAL**

This contract was approved by:

☐**THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM**☒**A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES**

Board of Supervisors

☐**THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS**

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gallagher	J. Patrick, Jr.	Board of Directors
2	Barrat	Sherry S.	Board of Directors
3	Caplan	Deborah	Board of Directors
4	Clarke	Teresa H.	Board of Directors
5	Coldman	D. John	Board of Directors
6	Harries	Richard	Board of Directors
7	Johnson	David S	Board of Directors
8	Miskel	Chris	Board of Directors
9	Nicoletti	Ralph J.	Board of Directors
10	Rosenthal	Norman L., PhD	Board of Directors
11	Gallagher	J. Patrick, Jr.	Other Principal Officer
12	Gallagher	Thomas J.	Other Principal Officer
13	Gallagher	Patrick M.	Other Principal Officer
14	Bay	Walter D.	Other Principal Officer
15	Bloom	Mark H.	Other Principal Officer
16	Howell	Douglas K.	Other Principal Officer
17	Hudson	Scott R.	Other Principal Officer
18	Jain	Vishal	Other Principal Officer
19	Mead	Christopher E	Other Principal Officer

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Pesch	Michael R.	Other Principal officer
21	Pietrucha	Susan E.	Other Principal officer
22	Ziebell	William F.	Other Principal officer
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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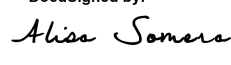
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

DocuSigned by:  
  
 977FC12A02FF42D...  
 Alisa Somera

**DATE SIGNED**

05-05-2025 | 17:54:40 PDT