File No. 150407

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

City Elective Officer Information (Please print clearly.)	
Name of City elective officer(s):	City elective office(s) held:
Members, Board of Supervisors	Members, Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: Alliant Insurance Services, Inc.	
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Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief	
financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4)	
any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use	
additional pages as necessary.	
Board of Directors: Thomas W. Corbett, P. Gregory Zimmer, Jr., Ralph S. Hurst	
Chief Executive Officer: Thomas W. Corbett, Chairman & CEO	
Chief Financial Officer: P. Gregory Zimmer, Jr., President & CFO	
Chief Operating Officer: Peter Carpenter, SEVP & COO	
There is no single Employee Partner (equity holder) who holds 20 percent ownership in Alliant.	
There is no shighe Employee I arther (equity holder) who holds 20 percent ownership in Amant.	
Contractor address: 1301 Dove Street, Suite 200 Newport Beach, CA 92660	
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	,
Date that contract was approved:	Amount of contract: \$32,288,248
(By the SF Board of Supervisors)	
Describe the nature of the contract that was approved:	
Insurance Broker and Risk Consulting Services	
Comments:	
Contract Term ends July 30, 2017	
This contract was approved by (check applicable):	
This contract was approved by (check applicable):	
□the City elective officer(s) identified on this form	
a board on which the City elective officer(s) serves: San Francisco Board of Supervisors	
Print Name of Board	
☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority	
Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island	
Development Authority) on which an appointee of the City elective officer(s) identified on this form sits	
Print Name of Board	
That Name of Board	
Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number:
Angela Calvillo, Clerk of the Board	(415) 554-5184
Address:	E-mail:
City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, C.	
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Signature of City Elective Officer (if submitted by City elective office	r) Date Signed
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Signature of Board Secretary or Clerk (if submitted by Board Secretar	y or Clerk) Date Signed