

BILL/ RESOLUTION REQUEST

- 1. Title:** Approve September 2010 Insurance Renewals.
- 2. Requesting Agency:** Department of Finance
- 3. Contact Person *with actual knowledge of proposed ordinance***
Name:Terri Sahli
Phone:720-913-3357
Email:Terri.Sahli@denvergov.org
- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***
Name:Raymond Sibley
Phone:720-913-3349
Email:Raymond.Sibley@denvergov.org
- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**
Purchase Insurance coverage for the City and County of Denver including Denver International Airport not to exceed \$6,600,000
 - b. Duration**
September 1, 2010 - September 1 - 2011
 - c. Location**
N/A
 - d. Affected Council District**
All
 - e. Benefits**
Insurance protection
 - f. Costs**
Not to exceed \$6,600,000
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**
No.

Bill Request Number: <BRNumber>

Date: <SubmitDate>