ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday. For any questions please contact Skye Stuart.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

									D	ate of I	Request:		11/30/2	2015
Please mark one:			☐ Bill Reques	t	or	X	Resolutio	n Request	,					
1.	Has yo	ur ageno	y submitted this requ	est in th	ne last 1	2 mon	iths?							
		Yes	X No											
	If y	es, plea	se explain:											
2.	- that cl	Title: (Include a concise, one sentence <u>description</u> – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)												
	[Implementation of a Rolling Owner Controlled Insurance Program (ROCIP) for construction Projects at Denver International Airport during the period of 1/1/2016 to 12/31/2018. Including approval of expenditures not to exceed \$3,104,385 for insurance premiums.]													
3.	Reques	ting Age	ency: Department of F	inance/I	Risk Maı	nagem	ent							
4.	■ Na ■ Ph	me: Ra one: 72	: (With actual knowle ymond F. Sibley 0-913-3349 ymond.Sibley@denvel			Ka 30:	te Trembl 3-342-215	lay	iver.cor	n				
5.	<u>will be a</u> ■ Na ■ Ph	<i>available</i> me: Ra one: 72	: (With actual knowled of for first and second re ymond F. Sibley 0-913-3349 ymond.Sibley@denver	eading, i	f necessi	<i>sary.)</i> Ka 30:	ite Trembl 3-342-215	lay	-		item at N	<u> Aayo</u>	or-Coun	<u>cil and who</u>
6.	Genera	l descrii	otion/background of p	propose	d ordina	ance ii	ncluding (contract sc	ope of	work if	applical	ole:		
	[A Ins	ROCIP i	s a mechanism for con or all projects will be p lader coverage and high	solidatir urchased	ng the in	suranc A, rath	ce coverage er than the	ges for partic e individual	cipants contra	in a ser	ies of cor	nstru les fo	or effici	ency, cost
			he following fields: (In ld – please do not leav			may re	esult in a d	delay in pro	ocessing	g. If a fi	eld is not	t app	plicable,	, please
	a.	Contra	ct Control Number:	NA	Insura	ance p	olicies.							
	b.	Contra	ct Term:	2/1/16										
	c.	Location		Denve	r Interna	ational	Airport							
	d.		ed Council District:	11										
 e. Benefits: Cost effective, improved safety program, greater access for minority owned busine f. Contract Amount (indicate amended amount and new contract total): Not to exceed \$3,10 														
	f.		et Amount (indicate a e, payments will be ma			nt and	l new con	tract total)): Not	to exce	ed \$3,10 ⁴	4,38	5 (3 yea	ır program
7.	Is there explain		ntroversy surroundin	g this or	dinance	e? (Gr	oups or in	ıdividuals w	vho ma	y have c	oncerns (aboi	ut it?) P	Please
	[No	o, this is	the third Owner contro	lled insu	ırance pı	rogran	n to be im	plemented a	at DIA.	.]				
				To be c	ompleted	d by M	layor's Le	gislative Te	еат:					
SI	RE Track	ing Num	ber:					Date I	Entered	1:				