

# ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: 11/01/2024

Please mark one:  Bill Request or  Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

Yes  No

**1. Type of Request:**

Contract/Grant Agreement  Intergovernmental Agreement (IGA)  Rezoning/Text Amendment

Dedication/Vacation  Appropriation/Supplemental  DRMC Change

Other:

**2. Title:** Approves a contract with Travelers Casualty and Surety Company of America for \$500,000 with an end date of 12/31/2029 for the purchase of a surety bond payable to the State of Colorado as part of the city's Workers' Compensation self-insured employer permit.

**3. Requesting Agency:** Department of Finance

**4. Contact Person:**

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Devron McMillin	Name: Carolina.Flores@denvergov.org
Email: Devron.McMillin@denvergov.org	Email: Carolina.Flores@denvergov.org

**5. General description or background of proposed request. Attach executive summary if more space needed:**

The State of Colorado is requiring the City and County of Denver to purchase a surety bond in the amount of all outstanding Workers' Compensation liabilities as part of the city's self-insured employer permit. Previously, the State required the Workers' Compensation Internal Service Fund limit to be kept at a certain amount as determined by the State. The surety bond replaces the fund limit requirement.

**6. City Attorney assigned to this request (if applicable):** Rob McDermott

**7. City Council District:** N/A

**8. \*\*For all contracts, fill out and submit accompanying Key Contract Terms worksheet\*\***

*To be completed by Mayor's Legislative Team:*

Resolution/Bill Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_

## Key Contract Terms

**Type of Contract:** (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property): Agreement

**Vendor/Contractor Name (including any dba's):** Travelers Casualty and Surety Company of America

**Contract control number (legacy and new):** FINAN 202476018

**Location:** citywide

**Is this a new contract?**  Yes  No **Is this an Amendment?**  Yes  No **If yes, how many?** \_\_\_\_\_

**Contract Term/Duration (for amended contracts, include existing term dates and amended dates):** see below

**Contract Amount (indicate existing amount, amended amount and new contract total):**

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$500,000	n/a	\$500,000

  

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
12/31/2029	n/a	12/31/2029

**Scope of work:** Placement of surety bond payable to the State of Colorado.

**Was this contractor selected by competitive process?** Yes **If not, why not?**

**Has this contractor provided these services to the City before?**  Yes  No

**Source of funds:** Workers' Compensation Internal Service Fund

**Is this contract subject to:**  W/MBE  DBE  SBE  XO101  ACDBE  N/A

**WBE/MBE/DBE commitments (construction, design, Airport concession contracts):** N/A

**Who are the subcontractors to this contract?** N/A

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