

## CIRSA Property/Casualty Pool Preliminary 2025 Contribution Quotation GC2025PC

Town of Garden City 621 27th Street Road Garden City, CO 80631

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Auto Liability Limit: \$5,000,000 Liability Limit: \$10,000,000

| Description  | Amount        |
|--|---------------|
| Contribution Before Reserve Fund and Loss Experience | \$58,536.29   |
| Reserve Fund Contribution                            | \$434.88      |
| Impact of Loss Experience                            | (\$15,727.80) |
| Total 2025 Preliminary Quotation before Credits      | \$43,243.37   |

Loss Control Credits (Please indicate the amount that you wish to use. Amount may be split between available options.)

|  | Amount      | Credit Options         |                          |            |  |  |
|--|-------------|------------------------|--------------------------|------------|--|--|
| Description  |             | Credit<br>Contribution | Deposit/Leave in Account | Send Check |  |  |
| 2024 Loss Control Audit Credit                         | (\$68.00)   |                        |                          |            |  |  |
| Balance Remaining from Prior<br>Years' LC Credits      | (\$0.00)    |                        |                          |            |  |  |
| Total Preliminary Quotation with all Available Credits | \$43,175.37 |                        |                          |            |  |  |

| <br>Options (Please indicate which option you choose)             |  |
|---|--|
| Annual Billing on January 1, 2025                                 |  |
| Quarterly Billing January 1, April 1, July 1, and October 1, 2025 |  |

<sup>\*</sup> Deductible may vary by scheduled vehicle, see attached vehicle schedule.

<sup>\*\*</sup> Deductible may vary by scheduled property, see attached property schedule.

<sup>\*\*\*</sup>Contact Linda Black, CFO at (720) 605-5440 or lindab@cirsa.org if you are interested in other options.



## CIRSA Workers' Compensation Pool Preliminary 2025 Contribution Quotation

Town of Garden City 621 27th Street Road Garden City, CO 80631

Deductible or SCP: \$0

| Description  | Amount      |
|--|-------------|
| Contribution Before Reserve Fund and Loss Experience | \$21,698.67 |
| Reserve Fund Contribution                            | \$436.09    |
| Impact of Loss Experience                            | (\$221.35)  |
| Total 2025 Preliminary Quotation before Credits      | \$21,913.41 |

Loss Control Credits (Please indicate the amount that you wish to use. Amount may be split between available options.)

| Description  | Amount       | Credit Options         |                          |            |  |  |
|--|--------------|------------------------|--------------------------|------------|--|--|
|  |              | Credit<br>Contribution | Deposit/Leave in Account | Send Check |  |  |
| 2024 Loss Control Audit Credit                         | (\$1,458.00) |                        |                          |            |  |  |
| Balance Remaining from Prior<br>Years' LC Credits      | (\$0.00)     |                        |                          |            |  |  |
| Total Preliminary Quotation with all Available Credits | \$20,455.41  |                        |                          |            |  |  |

| Billin                                    | g Options (Please indicate which option you choose)               |  |  |  |  |
|---|---|--|--|--|--|
|   | Annual Billing on January 1, 2025                                 |  |  |  |  |
|   | Quarterly Billing January 1, April 1, July 1, and October 1, 2025 |  |  |  |  |
| To Renew with Quoted Option Initial Here: |   |  |  |  |  |

\*\*\*Contact Linda Black, CFO at (720) 605-5440 or lindab@cirsa.org if you are interested in other options.



Remittance:

Tyler Technologies, Inc. (FEIN 75-2303920) P.O. Box 203556 Dallas, TX 75320-3556

## Invoice

Invoice No 025-483569

Date 11/01/2024 Page 1 of 1

\$5,939.01

\$500.00

Questions:

Tyler Technologies - Local Government Phone: 1-800-772-2260 Press 2, then 2

Email: ar@tylertech.com



Bill Tα TOWN OF GARDEN CITY 621 27TH STREET ROAD GARDEN CITY, CO 80631 Ship Ta TOWN OF GARDEN CITY 621 27TH STREET ROAD GARDEN CITY, CO 80631

|                                   | <b>Ord No</b><br>199501 | PO Number | <b>Currency</b><br>USD |       | Terms<br>NET30 | <b>Due Date</b> 12/01/2024 |
|-----------------------------------|-------------------------|-----------|------------------------|-------|----------------|----------------------------|
| Contract Date Description         | on                      |           |                        | Units | Rate           | Extended Price             |
| Contract No.: Garden City         |                         |           |                        |       |                |                            |
| Cycle: Start: 01/Dec/2024, End: 3 | 80/Nov/2025             | V         |                        |       |                |                            |

Tyler U
Cycle: Start: 01/Dec/2024, End: 30/Nov/2025 Municipal Justice Annual Fees 01/Dec/2018

Tyler University 20/Dec/2010

\*\*ATTENTION\*\*

Order your checks and forms from Tyler Business Forms at 877-749-2090 or tylerbusinessforms.com to guarantee 100% compliance with your software.

**Subtotal** 

6,439.01

Sales Tax

\$0.00

**Invoice Total** 

6,439.01



Invoice

Updated Remittance Address:
(FOR PAYMENTS ONLY)
CivicPlus LLC
PO Box 737311
Dallas TX 75373-7311

#318930 12/19/2024 PO#

**Bill To** 

Danielle Crawford Town of Garden City 621 27th Street Road Greeley Colorado 80631 **TOTAL DUE** 

\$3,806.40

Due Date: 1/18/2025

Terms Net 30 Due Date

PO#

**Approving Authority** 

1/18/2025

Item

Start Date

End Date

Qty 1

Ultimate Web Open Subscription

12/19/2024

12/18/2025

**Total** 

\$3.806.40

Due

\$3,806.40

To pay your invoice with a credit card **Click Here**.

Please submit payment via ACH using the details below. Please send notification of ACH transmission via email to remittance@civicplus.com. That address is not monitored for other inquiries or notifications. For any other invoice questions or information, please contact us at accounting@civicplus.com.

**Bank Name** 

**Account Name** 

**Account Number** 

**Routing Number** 

JPMorgan Chase

CivicPlus LLC

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