



Claim Reporting Forms



Claim Reporting Instructions

Please report any incident, claim or suit immediately by notifying your agent or filling out the appropriate claim notice form. Please submit all pertinent information to:

Iowa Communities Assurance Pool
Attn: Claims
5701 Greendale Road
Johnston, IA 50131
or fax to 515-309-9909

To report a claim, please follow these instructions:

- Call the police immediately when an accident occurs
- Secure the names, addresses and telephone numbers of:
 - Driver(s) and/or occupant(s) of other involved vehicle(s)
 - Injured person(s) and/or witness(es)
- Immediately contact your supervisor
- Fill out the appropriate loss notice form and submit to the ICAP Claim Department.
- Please note: all claim notice forms are available for completion and submission on the ICAP website. Simply visit www.icapiowa.com, login, select your entity and appropriate form.

Do NOT:

- Leave the scene of the accident until released by the investigating officer.
- Discuss the facts of the accident with anyone other than the investigating officer.
- Assume or admit liability or fault to anyone.
- Make payments or promises to anyone. It is ICAP's responsibility to investigate and determine responsibility on your behalf.
- Divulge coverage limits.

When completing the claim reporting form, please include:

- Member name
- Member certificate number
- Member address
- Name of department involved
- Contact official's name and telephone number
- The official summons and notice of a claim

Please call ICAP's claim department at 888-520-4074 or 515-278-9400 if you have questions or would like additional information.

For the convenience of your employees, we recommend placing a copy of the Auto Physical Damage/Auto Liability Claim Report in the glove compartment of each member vehicle.

Auto Physical Damage / Auto Liability Claim Report



Date: _____

Member Name: _____ Telephone #: _____

Address: _____

Claim Contact: _____ Telephone #: _____

Certificate #: _____ Effective Date: _____

Loss Location: _____ Date and Time of Loss: _____

Accident Facts: _____

Vehicle Information

Member Vehicle

Claimant Vehicle

Year/Make/Model _____

Vin# _____

Vehicle Location _____

Name of Driver _____

Driver License # _____

Lien Holder/Owner _____

Is vehicle drivable? _____

Location Code: 1 - Administration 2 - Police 3 - Fire
 4 - Parks/Recreation 5 - Water/Sewer 6 - Streets/Highways

Was the member vehicle used with permission? yes no

Accident witness(es) and phone number(s): _____

Police Department: _____ Report #: _____

Claimant(s) address, telephone and injuries: _____

Please submit two written estimates per vehicle and the police report, if available, to:

Iowa Communities Assurance Pool (ICAP)
Attn: Claims Department
5701 Greendale Road
Johnston, IA 50131

Note: A state report is required if damages equal \$1,000 or more within a 72-hour period.

Report completed by: _____ Telephone #: _____