



## 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](http://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.**

# General Liability Claim Report



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

Member Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Claim Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Loss Location: \_\_\_\_\_ Date and Time of Loss: \_\_\_\_\_

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

Is the loss location owned and/or maintained by the member?      yes              no

If not, please explain: \_\_\_\_\_

Facts of loss: \_\_\_\_\_

Were there injuries:              yes              no      If yes, please describe: \_\_\_\_\_

Injured claimant: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Claimant's address: \_\_\_\_\_

Physician: \_\_\_\_\_ Hospital: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Police Department: \_\_\_\_\_ Report #: \_\_\_\_\_

Does the claimant have an attorney?      yes              no

Telephone # of attorney (if applicable): \_\_\_\_\_

***Please mail to:***

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

(T) 515-278-9400      (F) 515-309-9909

Report completed by: \_\_\_\_\_ Telephone #: \_\_\_\_\_