



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.

Property Loss Report



Date: _____

Member Name: _____ Telephone #: _____

Address: _____

Claim Contact: _____ Telephone #: _____

Certificate #: _____ Effective Date: _____

Loss Location: _____ Date and Time of Loss: _____

Facts of loss: _____

Kind of Loss: Fire Theft Lighting Hail Flood
 Wine Other (*please explain*) _____

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

Any prior damages? yes no If yes, please explain: _____

Property Location: _____

Bldg/Contents: _____ Amount: _____

Bldg/Contents: _____ Amount: _____

Witness Name: _____ Telephone #: _____

Witness Name: _____ Telephone #: _____

Police Department: _____ Report #: _____

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 #: _____