



## Member Invoice

Member Name: City of Bloomfield

Policy Number: R0533PC2022-1

Anniversary Date: 04/01/2022

<u>Coverage</u>	<u>Limit of Coverage</u>	<u>Contribution</u>
General Liability	\$2,000,000	\$27,869
Auto Liability	\$2,000,000	\$8,735
Law Enforcement Liability	\$2,000,000	\$2,138
Public Officials Liability	\$2,000,000	\$2,295
Excess Liability	\$3,000,000	\$9,786
Vehicles	\$2,314,499	\$12,820
Property	\$30,653,982	\$37,399
Equipment Breakdown	Included	Included
Crime	\$114,000	\$0
Bond		\$657
<b>TOTAL CONTRIBUTION</b>		<b>\$101,699</b>

**MAKE CHECKS PAYABLE TO IOWA COMMUNITIES ASSURANCE POOL ON OR BEFORE:**  
04/01/2022

Payment for this invoice can be submitted electronically via the ICAP website. Please visit [www.icapiowa.com](http://www.icapiowa.com) and click "Member Pay" at the top right of the page to pay via ACH transfer. There is no fee for utilizing this service. If you require assistance or prefer to pay via check, please contact the ICAP office via 1-(800) 383-0116.