



Member Invoice

Member Name: City of Bloomfield
Policy Number: R0533PC2023-1

Anniversary Date: 04/01/2023

<u>Coverage</u>	<u>Limit of Coverage</u>	<u>Contribution</u>
General Liability	\$2,000,000	\$31,319
Auto Liability	\$2,000,000	\$9,792
Law Enforcement Liability	\$2,000,000	\$2,395
Public Officials Liability	\$2,000,000	\$2,928
Excess Liability	\$3,000,000	\$10,998
Vehicles	\$2,303,038	\$15,735
Property	\$33,406,724	\$49,511
Equipment Breakdown	Included	Included
Crime	\$114,000	\$0
TOTAL CONTRIBUTION		\$122,678

MAKE CHECKS PAYABLE TO IOWA COMMUNITIES ASSURANCE POOL ON OR BEFORE:
04/01/2023

Payment for this invoice can be submitted electronically via the ICAP website. Please visit 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.