



**Iowa Communities Assurance Pool**

**INVOICE**

**FOR**

**Story County**

Anniversary Date: 07/01/2020

**5701 Greendale Road  
Johnston, IA 50131  
[www.icapiowa.com](http://www.icapiowa.com)**



## Member Invoice

Member Name: Story County  
Policy Number: R0432PC2020-2

Anniversary Date: 07/01/2020

<u>Coverage</u>	<u>Limit of Coverage</u>	<u>Contribution</u>
General Liability	\$2,000,000	\$40,923
Auto Liability	\$2,000,000	\$19,257
Law Enforcement Liability	\$2,000,000	\$54,418
Public Officials Liability	\$2,000,000	\$20,696
Excess Liability	\$13,000,000	\$41,262
Property	\$68,657,321	\$85,790
Equipment Breakdown	Included	Included
Crime	\$10,000	\$0
Marketing and Administration Fees		\$20,143
<b>TOTAL CONTRIBUTION</b>		<b>\$282,489</b>

**MAKE CHECKS PAYABLE TO IOWA COMMUNITIES ASSURANCE POOL ON OR BEFORE:  
07/01/2020**

ICAP accepts online payments! To pay your invoice online, please visit [www.icapiowa.com](http://www.icapiowa.com), click "Pay Now" at top right of home page and follow the instructions provided. There is no fee for paying online. If preferred, members may also issue a check payable to the Iowa Communities Assurance Pool. Please note: providing a check as payment authorizes us to either use the information from your check to make a one-time electronic fund transfer (EFT) from your account or process the payment as a check transaction. If you have questions or wish to discuss, please contact the ICAP office via 1-800-383-0116.



## Quote Summary

Story County

Anniversary Date: 07/01/2020

Coverage	Contribution	Limit of Coverage	Deductible	Retroactive Date	Coverage Effective
General Liability	\$40,923	\$2,000,000	\$10,000	07/01/2020	7/1/2020
Auto Liability	\$19,257	\$2,000,000	\$0	07/01/2020	7/1/2020
Law Enforcement Liability	\$54,418	\$2,000,000	\$10,000	07/01/2020	7/1/2020
Public Officials Liability	\$20,696	\$2,000,000	\$10,000	07/01/2020	7/1/2020
Excess Liability	\$41,262	\$13,000,000		07/01/2020	7/1/2020
Property	\$85,790	\$68,657,321	See Schedule	07/01/2020	7/1/2020
Equipment Breakdown	Included	Included			Included
Crime	\$0	\$10,000	\$500	07/01/2020	7/1/2020
<b>TOTAL CONTRIBUTION</b>	<b>\$262,346</b>				
Agency Fee	\$17,278				
CRMS	\$2,865				
<b>FINAL CONTRIBUTION</b>	<b>\$282,489</b>				

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*This quotation expires on the Proposed Effective Date.*



**Iowa Communities Assurance Pool**

## **Commitment to Continue Membership**

I, Story County, do hereby affix my signature to this form and promise to submit the contribution of \$282,489.00 (less attached vouchers if applicable) by 7/9/20. In order to fulfill this commitment, our payment will be received by the Iowa Communities Assurance Pool, at the address on this form, no later than 7/30/20.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Iowa Communities Assurance Pool  
5701 Greendale Road  
Johnston, IA 50131



Iowa Communities Assurance Pool  
 5701 Greendale Road  
 Johnston, IA 50131

Member Name: Story County  
 Member Address: 900 6th Street  
 City, State, Zip: Nevada, IA 502010530  
 Member #: 0432 Anniversary Date: 7/1/2020

Coverage	Limit of Coverage	Contribution
General Liability	\$2,000,000	\$40,923
Automobile Liability	\$2,000,000	\$19,257
Law Enforcement Liability	\$2,000,000	\$54,418
Public Officials Wrongful Acts	\$2,000,000	\$20,696
Excess Liability	\$13,000,000	\$41,262
Property	\$68,639,321	\$85,724
Equipment Breakdown	Included	Included
Crime	\$10,000	\$0

Agency Fee \$17,278  
 CRMS \$2,865

**FINAL CONTRIBUTION \$282,423**

<b>Pay total Gross Contribution less any attached Vouchers</b>
<b>Please return Voucher(s) with payment</b>
Pay To: Iowa Communities Assurance Pool

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**Iowa Communities Assurance Pool**  
 5701 Greendale Road  
 Johnston, IA 50131

Number 0432

In recognition of  
 continued ICAP  
 membership Story County

Date 5/14/2020

\$ 24,977.00

Twenty-Four Thousand Nine Hundred And Seventy-Seven Dollars

FOR: Member Distribution - Redemption

THE ICAP BOARD OF DIRECTORS

Not Negotiable

Voucher must be applied with current year anniversary invoice





**Anniversary Information Acknowledgement**

The undersigned representative of the Story County acknowledges that he/she:

- Reviewed the information provided on all Iowa Communities Assurance Pool applications and all applicable supplemental applications.
- Reviewed all applicable property and vehicle schedules.
- Confirms, to the best of his/her knowledge, that all information provided is complete and accurate.
- Reviewed the optional coverage(s) offered by the Iowa Communities Assurance Pool for increased limits. After consideration of the coverage(s) offered and the contribution for same, Story County has elected to:

N/A

- Waive any and all coverage(s) and any applicable contribution charges. Story County understands that to add increased limits coverage in the future, it will be subject to Iowa Communities Assurance Pool's approval and underwriting guidelines at the time of the request and that such request must be made in writing. In addition, Story County will not hold the Iowa Communities Assurance Pool responsible for this decision to waive optional coverage(s).

- Accept the increased limits: \_\_\_\_\_  
(Limit of Liability Accepted)

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, by the undersigned duly authorized officer of the Governmental Subdivision Story County indicated below:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Member: Story County

Member Number: 0432

Anniversary Date: 07/01/2020

