



Iowa Department of Human Services
Foster Home Insurance Fund Claim
Notice of Loss

Send completed form to:

Email: Kevin.I.hall@emcins.com
Phone: 515-345-2495
Fax: 888-992-8213
Address: Employers Mutual
PO Box 884
Des Moines, IA 50306-0884
ATTN: Kevin Hall

Insured	Date of Report
Name of Person Calling	
Address	
Home Phone Number	Work Phone Number
Date of Accident	Location of Accident
Description of Accident	
Name of Owner of Damaged Property	
Address	Phone Number
Occupation	Employer's Name
Description of Property or Injury	
Estimate of Damages	
Name of Responsible Foster Child	Date Foster Child was Placed in Your Home
Witnesses: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Witness	
Address	Phone Number

Attach a copy of your foster home license to this form.