



Indianola Fire Department

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100A REQUEST FROM INSURANCE

REQUEST BY INSURANCE COMPANY INSURING FIRE LOSS FOR RELEASE OF INFORMATION RELEVANT TO FIRE LOSS INVESTIGATION PURSUANT TO IOWA CODE CHAPTER 100A

PURSUANT TO IOWA CODE SECTION 100A.2(4), AN INSURANCE COMPANY **WHICH HAS PROVIDED INFORMATION TO AN AUTHORIZED AGENCY UNDER IOWA CODE SECTION 100A.2(1) OR (2)** MAY REQUEST INFORMATION FROM AN AUTHORIZED AGENCY RELEVANT TO THE FIRE LOSS INVESTIGATION. PURSUANT TO IOWA CODE SECTION 100A.3, THE INSURANCE COMPANY RECEIVING SUCH INFORMATION SHALL HOLD THE INFORMATION IN CONFIDENCE UNTIL SUCH TIME AS ITS RELEASE IS REQUIRED PURSUANT TO A CRIMINAL OR CIVIL PROCEEDING.

Date

Insured's Name	Date and Time of Fire
Address of Fire	County
Incident or Case No.	Claim No.
Name of Person to Receive Form	Name From
Title	Title
Address	Address
Insurance Company Name	
Policy No.	Policy Term Dates
Agent's Name	Agent's Address

PURSUANT TO IOWA CODE SECTION 100A.2(4), REQUEST IS BEING MADE FOR INFORMATION RELEVANT TO THE ABOVE CASE/INCIDENT NUMBER AS OF THIS DATE INCLUDED IN THE CASE FILE. ALSO REQUESTED IS RELEVANT INFORMATION WHICH WOULD BE INCLUDED IN THE CASE FILE ON A CONTINUING INVESTIGATION BASIS.

THE INSURANCE COMPANY RECEIVING ANY INFORMATION FURNISHED PURSUANT TO THIS REQUEST SHALL BE HELD IN CONFIDENCE UNTIL SUCH TIME AS ITS RELEASE IS REQUIRED IN A CRIMINAL OR CIVIL PROCEEDING.

THE BELOW WARRANTS THAT HE/SHE HAS FULL AUTHORITY TO EXECUTE THIS REQUEST ON BEHALF OF THE ABOVE NAMED INSURANCE COMPANY AND SAID COMPANY SHALL COMPLY WITH ALL APPLICABLE REQUIREMENTS OF IOWA CODE CHAPTER 100A.

Signature of Authorized Insurance Company Representative

Name and Title of Authorized Insurance Company Representative

Telephone Number

Address

**Original: To Agency
Copy: To File**

****THE ENVELOPE CONTAINING THIS REPORT MUST BE MARKED CONFIDENTIAL****