



# WATER DISTRICT AUTO PHYSICAL DAMAGE INSURANCE FORM

Use this form to record information about all *water-district owned or leased vehicles* to be covered by the State of Idaho Risk Management Insurance Program. *Do not list privately-owned vehicles used for water district business.* Privately-owned vehicles used for water district business must be covered by a private insurance policy.

**Before operating a water district-owned or leased vehicle, all water district employees must call the IDWR Insurance Coordinator and provide the employee's contact and driver's license information in addition to the information required on this form.**

Submit this form to the IDWR Insurance Coordinator:

Janet Garret

or

Idaho Department of Water Resources

[janet.garret@idwr.idaho.gov](mailto:janet.garret@idwr.idaho.gov)

Attn: Janet Garrett

Phone: 208-287-4821

PO Box 83720

Fax: 208-287-6700

Boise, ID 83720-0098

All fields are required unless otherwise noted.

WD #	Water District Name
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**VEHICLE #1** ID INSURANCE COVERAGE?  YES  NO

VIN Number		Odometer	Year
Make	Model	Weight	Plate No.
Date Acquired		Vehicle Cash Value	
Vehicle Type (select one) <input type="checkbox"/> Motorcycle (street legal) <input type="checkbox"/> Bus/Van (over 15 passenger) <input type="checkbox"/> Passenger Car <input type="checkbox"/> fire fighting vehicle <input type="checkbox"/> Passenger Van (15 passenger or less) <input type="checkbox"/> Trailer, large (over 1 ton) <input type="checkbox"/> Pickup/Van/SUV <input type="checkbox"/> Semi tractor <input type="checkbox"/> Cargo/Delivery (under 1 ton) <input type="checkbox"/> ATV or off-road motorcycle <input type="checkbox"/> Trailer (under 1 ton) <input type="checkbox"/> heavy equipment			
Vehicle Class (select one) <input type="checkbox"/> Class 1: Passenger vehicles, pickups, and vans under 1 ton. <input type="checkbox"/> Class 2: Vehicles over 1 ton or having special equipment of high value or trailers, either small or large utility or flat beds, either open or enclosed and licensed for road use.			
Special Equipment: List and describe all special equipment (non-standard) that is permanently attached to the vehicle.			
Item	Description	Value	
Coverage Start Date	Coverage End Date (leave blank unless vehicle will be disposed of during the year. Enter date vehicle will be removed from WD use.)		

Entry Date (date form was completed)

Modified/Changed (date form was modified/changed)

WD #	Water District Name
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**VEHICLE #2**

ID INSURANCE COVERAGE?

YES  NO

VIN Number		Odometer	Year
Make	Model	Weight	Plate No.
Date Acquired		Vehicle Cash Value	

Vehicle Type (select one)

- |   |  |
|---|--|
| <input type="checkbox"/> Motorcycle (street legal)            | <input type="checkbox"/> Bus/Van (over 15 passenger) |
| <input type="checkbox"/> Passenger Car                        | <input type="checkbox"/> fire fighting vehicle       |
| <input type="checkbox"/> Passenger Van (15 passenger or less) | <input type="checkbox"/> Trailer, large (over 1 ton) |
| <input type="checkbox"/> Pickup/Van/SUV                       | <input type="checkbox"/> Semi tractor                |
| <input type="checkbox"/> Cargo/Delivery (under 1 ton)         | <input type="checkbox"/> ATV or off-road motorcycle  |
| <input type="checkbox"/> Trailer (under 1 ton)                | <input type="checkbox"/> heavy equipment             |

Vehicle Class (select one)

- Class 1: Passenger vehicles, pickups, and vans under 1 ton.
- Class 2: Vehicles over 1 ton or having special equipment of high value or trailers, either small or large utility or flat beds, either open or enclosed and licensed for road use.

Special Equipment: List and describe all special equipment (non-standard) that is permanently attached to the vehicle.

Item	Description	Value

Coverage Start Date	Coverage End Date (leave blank unless vehicle will be disposed of during the year. Enter date vehicle will be removed from WD use.)
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Entry Date (date form was completed)

Modified/Changed (date form was modified/changed)