



WATER DISTRICT MAJOR PROPERTY EQUIPMENT INSURANCE FORM

Complete this form **only if**:

- The water district named below does not own or lease a building, **and**
- The water district named below owns equipment valued at more than \$2,000 (may include water measurement equipment, other field equipment, etc. **Does not** include water district-owned vehicles, see Auto Physical Damage form).

Water districts owning or leasing a building must use the Major Property Building form to list equipment greater than \$2,000.

Note: Individual items listed on this form **must** include a water district property or inventory number created by the water district (ex. WD01-001, WD01-002, etc.). All items with property/inventory numbers must be tracked by the water district on an inventory list or spreadsheet.

All fields are required unless otherwise noted.

WD #:	Water District Name:	
ITEM #1		
Item Name/Description (include make and model)		
Replacement Value \$	Serial No.	WD Property/Inventory No.
Coverage Start Date	Coverage End Date (only enter if item is intended for surplus or disposal)	
ITEM #2		
Item Name/Description (include make and model)		
Replacement Value \$	Serial No.	WD Property/Inventory No.
Coverage Start Date	Coverage End Date (only enter if item is intended for surplus or disposal)	
ITEM #3		
Item Name/Description (include make and model)		
Replacement Value \$	Serial No.	WD Property/Inventory No.
Coverage Start Date	Coverage End Date (only enter if item is intended for surplus or disposal)	

use additional pages as needed (see next page)

Entry Date (date form was completed)

Modified/Changed (date form was modified/changed)

Submit this form (and any additional pages) to the IDWR Insurance Coordinator:

Janet Garret

Janet.garret@idwr.idaho.gov

Phone: 208-287-4821

Fax: 208-287-6700

Idaho Department of Water Resources

Attn: Janet Garret

PO Box 83720

Boise, ID 83720-0098

WD #:	Water District Name:	
ITEM #4		
Item Name/Description (include make and model)		
Replacement Value \$	Serial No.	WD Property/Inventory No.
Coverage Start Date	Coverage End Date (only enter if item is intended for surplus or disposal)	
ITEM #5		
Item Name/Description (include make and model)		
Replacement Value \$	Serial No.	WD Property/Inventory No.
Coverage Start Date	Coverage End Date (only enter if item is intended for surplus or disposal)	
ITEM #6		
Item Name/Description (include make and model)		
Replacement Value \$	Serial No.	WD Property/Inventory No.
Coverage Start Date	Coverage End Date (only enter if item is intended for surplus or disposal)	
ITEM #7		
Item Name/Description (include make and model)		
Replacement Value \$	Serial No.	WD Property/Inventory No.
Coverage Start Date	Coverage End Date (only enter if item is intended for surplus or disposal)	
ITEM #8		
Item Name/Description (include make and model)		
Replacement Value \$	Serial No.	WD Property/Inventory No.
Coverage Start Date	Coverage End Date (only enter if item is intended for surplus or disposal)	
ITEM #9		
Item Name/Description (include make and model)		
Replacement Value \$	Serial No.	WD Property/Inventory No.
Coverage Start Date	Coverage End Date (only enter if item is intended for surplus or disposal)	