



WATER DISTRICT BOND AND CRIME INSURANCE FORM

Complete this form **only if**:

- The water district named below has never submitted the following information to IDWR, **or**
- The number of employees at the water district has changed.

In the case of this form, "water district employee" is defined as a person, paid or unpaid, who represents the water district named below.

All fields are required unless otherwise noted.

WD #:	Water District Name:
CLASS A EMPLOYEES	
Enter number of employees who, as a part of their regular duties, handle, receipt, or have custody of money, checks, or securities or are accountable for supplies or other property including P-cards (ex: Watermaster, Treasurer, Advisory Committee members with access to water district funds, etc.).	Number of Class A Employees
CLASS B EMPLOYEES	
Enter number of employees not having duties or responsibilities of Class A employees and who are principally engaged in outside or inside clerical activities, office work (word processing, office machine operations, etc.), or operation of vehicles transporting cash fares or tickets (ex: laborers, field workers, clerical staff, Assistant Watermaster(s), Advisory Committee members not responsible for water district funds, etc.).	Number of Class B Employees

Total Number of Employees =	Entry Date
	Modified/Changed Date

Submit this form to the IDWR Insurance Coordinator:

Glyn Roberts
glyn.roberts@idwr.idaho.gov
 Phone: 208-287-4820
 Fax: 208-287-6700

or

Idaho Department of Water Resources
 Attn: Glyn Roberts
 PO Box 83720
 Boise, ID 83720-0098