



WATER DISTRICT INLAND MARINE INSURANCE FORM

Complete this form **only if**:

- The water district named below owns portable business property that is regularly taken out of the office (ex: GPS unit, laptop, measuring equipment, etc.) which has a replacement value of \$2,000 or less, **or**
- The water district named below is requesting coverage for personal property that is required or requested by the employee’s supervisor and needed to perform the employee’s duties.

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 during the year)	
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 during the year)	
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 during the year)	

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:

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

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 during the year)	
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 during the year)	
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 during the year)	
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 during the year)	
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 during the year)	
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 during the year)	