



# 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:	
<b>ITEM #1</b>		
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)	
<b>ITEM #2</b>		
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)	
<b>ITEM #3</b>		
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:

Glyn Roberts  
[glyn.roberts@idwr.idaho.gov](mailto:glyn.roberts@idwr.idaho.gov)  
 Phone: 208-287-4820  
 Fax: 208-287-6700

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

WD #:	Water District Name:	
<b>ITEM #4</b>		
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)	
<b>ITEM #5</b>		
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)	
<b>ITEM #6</b>		
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)	
<b>ITEM #7</b>		
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)	
<b>ITEM #8</b>		
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)	
<b>ITEM #9</b>		
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)	