

Janet Garrett

Idaho Department of Water Resources • www.idwr.idaho.gov

Submit this form to the IDWR Insurance Coordinator:

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.

Idaho Department of Water Resources

janet.garrett@idwr.idaho.gov			Attn: Janet Garrett			
Phone: 208-287-4821			PO Box 83720			
Fax: 208-287-6700			Boise, ID 83720-0098			
All fields are require	d unless o	therwise noted.				
WD#	Water District Name					
VEHICLE #1		ID INSURANCE CO	VERAGE?	☐ YES ☐ NO		
VIN Number		Odometer Year		Year		
Make		Model	Weight		Plate No.	
Date Acquired		<u> </u>	Vehicle Cash Value			
Vehicle Type (select one) Motorcycle (street legal) Passenger Car Passenger Van (15 passenger or less) Pickup/Van/SUV Cargo/Delivery (under 1 ton) Trailer (under 1 ton) Vehicle Class (select one) Class 1: Passenger vehicles, pickups, and vans under 1 Class 2: Vehicles over 1 ton or having special equipmer beds, either open or enclosed and licensed for road us				nt of high value <i>or</i> trailers, either small or large utility or flat		
Special Equipment:	List and d	escribe all special equipment	(non-stand	dard) that is permane	ently attached to the vehicle.	
Item		Description		Value		
				eave blank unless vehicle will be disposed of during the year. Il be removed from WD use.)		
Entry Date (date form	2 W25 50m	alotod)		Modified/Changed/a	Nata form was modified (shapeed)	
Entry Date (date form was completed) Modified/Changed (date form was modified/changed						

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WD#	Water District Name						
VEHICLE #2 ID INSURANCE COVERAGE? □ YES □ NO							
VIN Number			Odometer	Year			
Make Model		Model	Weight	Plate No.			
Date Acquired			Vehicle Cash Value				
Class 2: Vehicle	(15 passer V (under 1 ton) ct one) ger vehicles	es, pickups, and vans under 1	Bus/Van (over 15 passenger) fire fighting vehicle Trailer, large (over 1 ton) Semi tractor ATV or off-road motorcycle heavy equipment ton. nt of high value or trailers, either small or large utility or flat				
Special Equipment: List and describe all special equipment (non-standard) that is permanently attached to the vehicle.							
Item Description				Value			
Coverage Start Date			eave blank unless vehicle will be disposed of during the year. Il be removed from WD use.)				
Entry Date (date forn	n was com	pleted)	Modified/Changed (o	date form was modified/changed)			