



APPLICATION FOR LOSS COST OR CHANGE IN LOSS COST

Idaho Surveying & Rating Bureau, Inc.

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Visit www.isrb.com - Registered website users can file applications on line.

LOCATION OF RISK PLEASE DO NOT SUBMIT UNTIL RISK IS READY FOR SURVEY

Policy Number

Town _____ County _____ File Number _____

Address _____

QUALIFICATIONS FOR SPECIFIC LOSS COST (Check one or more that apply)

- Building is Sprinklered.
- Building has Automatic Fire Alarm Watchman and Clock Other Fire Protection
- Building is over 1/3rd Masonry Non-combustible, Fire Resistive, or Modified Fire
- Building contains an occupancy listed as ineligible in the *Commercial Lines Manual*
- Area is over 15,000 square feet

REASON FOR REQUESTING LOSS COST APPLICATIONS LACKING NECESSARY INFORMATION WILL BE RETURNED

(Check one or more that apply)

- Building is not rated
- Change in: Occupancy Hazards Exposure Structure Fire Protection

Description of Change: _____

Effective Date Requested: _____

Person to Contact if Premises are not open during normal business hours _____

Contact's Phone _____

LOSS COST REQUESTED FOR:

Building owner _____ and/or Occupancy _____
(Names) (Names)

Former Names (if known) _____

YOUR NAME AND ADDRESS

Date _____

<u>For Bureau Use</u>

Name _____

Agent/Company _____

Address _____

City _____ State _____ Zip _____

Phone No _____ E-mail _____

ADVANCE LOSS COST RELEASE OR RETURNED BECAUSE:

- See Loss Cost Quote Attached
- Returned Because: