



# APPLICATION FOR LOSS COST OR CHANGE IN LOSS COST

**Idaho Surveying & Rating Bureau, Inc.**

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Visit [www.isrb.com](http://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
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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>
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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: