

Business Interruption Loss and Loss of Rents

Fill out one form per location. Send completed form to risk@uidaho.edu or fax 885-9490.

Unit Information

Unit Name:

Date Completed:

Unit Contact Name:

Unit Contact Phone:

Unit Contact Email:

Structure/Location Information

State Agency Building Number:

Building Name/Description:

Building Address:

City, State, Zip:

Income Data:

Net profit after all expenses from production
or service operation:

\$ _____

Cost of salaries & benefits of those who would
not be discharged in the event of a loss:

\$ _____

Cost of bonded debts:

\$ _____

Cost of all non-cancellable contracts
(i.e. rent, utilities, other services, etc.):

\$ _____

To be completed by Risk

Date Received from Unit:		Date Entered into IDRMIS:		Entered by:	
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