

Additional Living Expense Worksheet

Insured Name _____	Claim No. _____
Policy Address _____	Date of Loss _____
Temporary Address _____	Temporary Phone No. _____
Insured's Occupation _____	Business Phone No. _____
Spouse's Occupation _____	Business Phone No. _____
Estimated Total Family Monthly Income \$ _____	

NECESSARY INCREASE IN LIVING EXPENSE DURING PERIOD OF UNINHABITABILITY

EXPENSES (monthly)	NORMAL		INCURRED	
Housing	\$		\$	
Temporary Housing Receipts (Hotel, Apartment)				
Mobile - Other				
Utilities				
Heat				
Electricity - Gas				
Water - Sewer Fee				
Telephone				
Other				
Food				
Residence Food Cost				
Motel - Restaurant - Receipts				
Other				
Services				
Laundry				
Dry Cleaning				
Other				
Transportation				
Automobile - Storage - Gas				
Taxi				
Other				
Totals	\$		\$	
<i>Deduct Total Normal Expense from Total Incurred Expense</i>			\$	
Additional Living Expense Loss			\$	

Office use only

Type of Residence (1-family, duplex, apt., other) _____	No. of Rooms _____
Replacement Cost of Dwelling or Unit _____	ACV _____
Insurance Carried - Dwelling or Unit _____	Form No.(s) _____
Rental Value - Furnished (monthly) _____	No. Living at Location _____
Estimated Loss - Dwelling or Unit _____	Contents \$ _____
Time to Restore for Occupancy (estimated) _____	As Agreed <input type="checkbox"/> Insured <input type="checkbox"/> Contractor