

Additional Living Expense Worksheet

Insured _____	Date of Loss _____
Policy Address _____	_____
Temporary Address _____	Temporary Phone No. _____
Insureds Occupation _____	Business Phone No. _____
Spouses Occupation _____	Business Phone No. _____
Estimated Family Annual Income (Husband - Wife - Others) \$ _____	_____

Type of Residence _____	No. Rooms _____
Replacement Cost of Dwelling or Unit \$ _____	ACV \$ _____
Insurance Carried - Dwelling or Unit \$ _____	Number living at location _____
Rental Value - Furnished (Monthly) \$ _____	Contents \$ _____
Estimated Loss - Dwelling or Unit \$ _____	As Agreed <input type="checkbox"/> Insured <input type="checkbox"/> Contractor
Time To Restore for Occupancy - Estimated _____	Form No.(s) _____

NECESSARY INCREASE IN LIVING EXPENSE DURING PERIOD OF UNTENANTABILITY

EXPENSES	NORMAL	INCURRED
Housing	\$	\$
Temporary Housing Receipts - Hotel - Apt.	\$	\$
	\$	\$
Utilities	\$	\$
Heat	\$	\$
Electricity - Gas	\$	\$
Water - Sewer Fee	\$	\$
Telephone	\$	\$
	\$	\$
Food	\$	\$
Residence Food Cost	\$	\$
Motel - Restaurant - Receipts	\$	\$
	\$	\$
Services	\$	\$
Laundry	\$	\$
Dry Cleaning	\$	\$
	\$	\$
Transportation	\$	\$
Automobile - Storage - Gas	\$	\$
Taxi - Train	\$	\$
	\$	\$
Totals	\$	\$
Additional Living Expense Loss		\$