

## Additional Living Expense Worksheet

Insured: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Class of construction involved:       Masonry       Frame       Combination

Size of family: No. of Adults: \_\_\_\_\_ No. of Children and ages: \_\_\_\_\_ Pets: \_\_\_\_\_

Adjuster's estimate of time to restore occupancy: \_\_\_\_\_ weeks.      Contractor's estimate of time to restore occupancy: \_\_\_\_\_ weeks.

### Incurred Expenses

	Actual	Normal	Abated or Reduced	Gross Increase
Food				
Rent or Mortgage Payment				
Gas				
Water				
Electricity				
Telephone				
Heat				
Laundry and Dry Cleaning				
Transportation				
Other:				
<b>Totals</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Less Abated or Reduced Expenses</b>				<b>(\$            )</b>
<b>Net Increase or Claim</b>				<b>\$</b>

Insured's temporary residence: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notice: "A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."**

Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Date: \_\_\_\_\_