

ADDITIONAL LIVING EXPENSE WORKSHEET

Insured:

Claim No.:

Type of Residence (single family, multi-family, apt. etc.)

Rental Value (furnished)

Number of persons residing at insured location

Estimated period of restoration

Necessary Increase In Living Expenses During Period of Restoration:

| | Normal Expense | Actual Expense |
|--|-------------------|-------------------|
| Housing: | | |
| Mortgage Payment or Rent..... | | |
| Taxes..... | | |
| Maintenance (cleaning service, lawn service etc.)..... | | |
| Insurance..... | | |
| Temporary Housing (cost of hotel, apt. etc.)..... | | |
| Utilities: | | |
| Heat (gas, fuel oil etc.)..... | | |
| Electricity..... | | |
| Water..... | | |
| Telephone..... | | |
| Other (cable, sewer, sanitation etc.)..... | | |
| Food: | | |
| Home Dining..... | | |
| Restaurant Dining..... | | |
| Services: | | |
| Laundry..... | | |
| Dry Cleaning..... | | |
| Other..... | | |
| Transportation: | | |
| Automobile..... | | |
| Public Transportation..... | | |
| TOTAL EXPENSES..... | | |
| DEDUCT TOTAL NORMAL EXPENSES FROM ACTUAL EXPENSES | | \$0.00 |
| ESTIMATED ADDITIONAL LIVING EXPENSE-----> | | \$0.00 |