

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