

Additional Living Expense Worksheet

Claim Information

Insured:

Claim Number:

Claim Representative:

Date of Loss:

Date Prepared:

Time Period From: To:

	Quantity	Units	Unit Cost	Cost Incurred	Less Amount Normally Spent	Additional Cost Incurred	Reduction in Normal Expense
Housing				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
Utilities							
Heating Oil				\$0.00		\$0.00	\$0.00
Gas				\$0.00		\$0.00	\$0.00
Water				\$0.00		\$0.00	\$0.00
Telephone - Cell Phone				\$0.00		\$0.00	\$0.00
Electricity				\$0.00		\$0.00	\$0.00
Sewer				\$0.00		\$0.00	\$0.00
Cable TV/Satellite				\$0.00		\$0.00	\$0.00
Internet Service				\$0.00		\$0.00	\$0.00
Other				\$0.00		\$0.00	\$0.00
Meals							