



NORTH CAROLINA
INSURANCE UNDERWRITING ASSOCIATION

BEACH PLAN

NORTH CAROLINA
JOINT UNDERWRITING ASSOCIATION

FAIR PLAN

ADDITIONAL LIVING EXPENSE

Policyholder:		
Claim Number:		
Temporary Phone Number:		
Residence Information:		
Number in Household: _____ Full Time: _____ Part Time: _____		
Is Property Held for Rental? Yes No		
Number of weeks available for Rent per year _____		
<i>Necessary increase in living expenses during period of repair or replacement of the damaged premises (if relocating)</i>		
	RECEIPTS REQUIRED	
EXPENSES	NORMAL	INCURRED
Housing		
Temporary housing receipts		
Hotel or apartment		
Utilities		
Heat		
Electricity – Gas		
Water-Sewer		
Telephone		
Other		
Food		
Residence Food Cost		
Motel-Restaurant Receipts		
Other		
Services		
Laundry		
Dry Cleaning		
Storage		
Other		
Transportation		
Automobile-Storage-Gas		
Taxi-Train		
Other		
Totals:		
Deduct Total from Normal Expense from Incurred Expense		
Additional Living Expense Loss		