

**NCJUA / NCIUA
ADDITIONAL LIVING EXPENSE**

Policyholder:		
Claim Number:		
Temporary Phone Number:		
Residence Information:		
Number in Household: _____ Full Time: _____ Part Time: _____		
Is Property Held for Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of weeks available for Rent per year _____		
Necessary increase in living expenses during period of repair or replacement of the damaged premises (if relocating)		
	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		