

ALTERNATE LIVING EXPENSES WORKSHEET

NORMAL EXPENSES

Insured:

Claim #

Utilities

Gas: \$ _____ per month

Oil \$ _____ per month

Electric: \$ _____ per month

Telephone \$ _____ per month

Cell Phone \$ _____ per month

Cable \$ _____ per month

Water/Sewer \$ _____ per quarter/month

Internet Service \$ _____ per month

Meals

Prepared at Home \$ _____ per week/month

Out/Restaurants \$ _____ per week/month

Housing

Rent: \$ _____ per month

Misc.

Other \$ _____ per month

POLICYHOLDER SIGNATURE _____ DATE _____