

ALE INTERIM REIMBURSEMENT REQUEST LETTER

POLICYHOLDER INFORMATION

Contact Details

- **Primary Policyholder:** Robert James Mitchell
- **Co-Insured:** Linda Marie Mitchell
- **Permanent Address:** 3247 Oakwood Lane, Gainesville, GA 30506
- **Current Temporary Address:** Extended Stay America, 2945 Highway 20, Buford, GA 30519
- **Primary Phone:** (678) 555-4892 - cell
- **Secondary Phone:** (770) 555-7821
- **Email:** rmitchell.family@email.com
- **Preferred Contact Method:** Phone/Text
- **Best Time to Contact:** 5:00 PM - 8:00 PM weekdays, anytime weekends

Policy Information

- **Insurance Carrier:** Nationwide Insurance Company
- **Policy Number:** HO-445789632
- **Claim Number:** 2025-GA-78456
- **Policy Period:** 06/01/2024 - 06/01/2025
- **ALE Coverage Limit:** \$75,000 or 30% of Coverage A
- **ALE Used to Date:** \$18,450.00
- **ALE Remaining:** \$56,550.00

Claim Details

- **Date of Loss:** January 28, 2025
- **Cause of Loss:** Kitchen Fire
- **Date Home Became Uninhabitable:** January 28, 2025
- **Displacement Began:** January 28, 2025 at 11:45 PM
- **Current Status:** Still fully displaced
- **Estimated Return Date:** May 15, 2025

FORMAL REQUEST

Date: March 28, 2025

To:

Nationwide Insurance Company
Claims Department - ALE Division
One Nationwide Plaza
Columbus, OH 43215

Attention: Susan Rodriguez, Claims Adjuster

Via: Email and Certified Mail #7019 2280 0000 8912 3456

Re: URGENT - Additional Living Expense (ALE) Interim Reimbursement Request

Policy #: HO-445789632

Claim #: 2025-GA-78456

Period Covered: February 15, 2025 to March 15, 2025 (30 days)

Amount Requested: \$12,847.50

Response Needed By: April 7, 2025

Dear Ms. Rodriguez:

I am submitting this formal request for interim reimbursement of Additional Living Expenses necessarily incurred while my family remains displaced from our home due to covered fire damage. This request covers documented expenses from February 15, 2025 through March 15, 2025, totaling \$12,847.50.

SECTION 1: DISPLACEMENT STATUS AND HOUSEHOLD COMPOSITION

Current Living Situation

Home Status:

- Uninhabitable since: January 28, 2025
- Reason for continued displacement: Severe fire and smoke damage throughout home; structural repairs ongoing
- Restoration progress: 35% complete
- City/County inspection status: Failed inspection March 10, 2025
- Certificate of Occupancy: Not issued - expected May 2025

Current Temporary Location:

- Type: Extended Stay Hotel
- Address: Extended Stay America, 2945 Highway 20, Buford, GA 30519
- Distance from damaged home: 18 miles
- Distance from work/school: 22 miles (work), 19 miles (school)
- Occupancy began: February 15, 2025
- Agreement through: Month-to-month

Household Members Displaced

Name	Age	Relationship	Special Needs	School/Work Impact
Robert Mitchell	45	Self	Type 2 diabetes	Coca-Cola Company, Atlanta
Linda Mitchell	43	Spouse	Asthma	Northside Hospital, Cumming
Emma Mitchell	17	Daughter	None	North Gwinnett High School
Tyler Mitchell	14	Son	ADHD medication	North Gwinnett Middle School
Sarah Mitchell	8	Daughter	Mild food allergies	Level Creek Elementary

Total Displaced: 5 people
Pets: 1 dog (Labrador), 2 cats

SECTION 2: DETAILED EXPENSE DOCUMENTATION

A. TEMPORARY HOUSING EXPENSES

Hotel/Motel Expenses

Property	Check-in	Check-out	Nights	Room Type	Rate/Night	Taxes	Total	Receipt#
Extended Stay America	02/15/25	03/15/25	30	2-Room Suite	\$149.00	\$402.30	\$4,872.30	ESA-4578

Hotel Subtotal: \$4,872.30

Comparison to Normal Housing Expenses

Expense Category	Normal Monthly	Current Monthly	Difference
Mortgage	\$2,245.00	\$2,245.00	\$0.00
Property Taxes	\$385.00	\$385.00	\$0.00
Homeowners Insurance	\$145.00	\$145.00	\$0.00
Net Additional Housing	\$2,775.00	\$4,872.30	+\$2,097.30

B. MEAL EXPENSES

Increased Food Costs Analysis

- Normal Monthly Food Budget: \$850.00
- Current Monthly Food Costs: \$2,425.00
- Monthly Increase: \$1,575.00

Daily Meal Breakdown

Period	Days	Breakfast	Lunch	Dinner	Daily Total	Period Total
Week 1	7	\$35.00	\$45.00	\$75.00	\$155.00	\$1,085.00
Week 2	7	\$30.00	\$40.00	\$70.00	\$140.00	\$980.00
Week 3	7	\$28.00	\$38.00	\$65.00	\$131.00	\$917.00
Week 4	9	\$25.00	\$35.00	\$60.00	\$120.00	\$1,080.00

Meal Expense Subtotal: \$4,062.00

Justification for Increased Meal Costs:

- No access to full kitchen (hotel has only microwave and mini-fridge)
- Unable to store perishables (small refrigerator)
- Unable to prepare meals (no cookware/utensils)
- Three children requiring regular meals
- Special dietary needs (diabetes, food allergies)

C. TRANSPORTATION EXPENSES

Additional Mileage Calculation

Purpose	Normal Miles	Current Miles	Add'l Miles	Frequency	Total Miles	Cost @ \$0.67/mi
Work commute	15/day	44/day	29/day	22 days	638	\$427.46
School transport	8/day	38/day	30/day	20 days	600	\$402.00
Property checks	N/A	36/trip	36/trip	8 trips	288	\$192.96
Contractor meetings	N/A	36/trip	36/trip	6 trips	216	\$144.72

Mileage Subtotal: \$1,167.14

Other Transportation Costs

Type	Description	Amount	Receipt#
Parking	Additional downtown parking	\$145.00	Various
Tolls	New route tolls	\$82.50	GA Pass
Gas	Additional fuel costs	\$385.00	Multiple

Other Transportation Subtotal: \$612.50

D. STORAGE EXPENSES

Storage Unit Details

- Facility: Public Storage Buford
- Location: 4555 Hamilton Mill Road, Buford, GA
- Unit Size: 10x20
- Climate Controlled: Yes

Month	Rental Fee	Insurance	Lock/Supplies	Total	Receipt#
March	\$189.00	\$15.00	\$45.00 (initial)	\$249.00	PS-8897

Moving and Storage Labor

Service	Date	Hours	Rate	Total	Receipt#
Moving to storage	02/01/25	6	\$150/hr	\$900.00	ML-4521
Packing supplies	02/01/25	-	-	\$275.00	HD-7789

Storage Subtotal: \$1,424.00

E. LAUNDRY EXPENSES

- Normal Laundry Capability: Washer/dryer in home
- Current Situation: No laundry facilities in hotel

Week	Laundromat Visits	Wash Loads	Dry Loads	Supplies	Total	Receipts
Week 1	2	8 @ \$3.50	8 @ \$2.50	\$8.00	\$56.00	Yes
Week 2	2	8 @ \$3.50	8 @ \$2.50	\$8.00	\$56.00	Yes
Week 3	2	8 @ \$3.50	8 @ \$2.50	\$8.00	\$56.00	Yes
Week 4	3	10 @ \$3.50	10 @ \$2.50	\$10.00	\$70.00	Yes

Laundry Subtotal: \$238.00

F. PET EXPENSES

Pet Boarding/Care

- Pet(s) Description: 1 Labrador (Max), 2 cats (Whiskers, Shadow)
- Normal Housing: Pets lived at home with yard
- Current Situation: Not allowed in hotel, requires boarding

Facility/Service	Dates	Daily Rate	Additional Services	Total	Receipt#
Happy Tails Boarding	02/15-03/15	\$65.00	Medication admin	\$1,950.00	HT-3321

Pet Expense Subtotal: \$1,950.00

G. OTHER NECESSARY EXPENSES

Essential Purchases

Item/Service	Reason Needed	Cost	Receipt#
Air mattresses	Hotel beds insufficient	\$289.00	WM-4455
Mini-fridge rental	Medication storage	\$45.00/mo	ESA-4578
School supplies	Left at damaged home	\$125.00	TG-8897
Work clothes	Smoke damaged	\$345.00	ML-7789
Medications	Replacements needed	\$187.56	CVS-4421

Other Expenses Subtotal: \$991.56

SECTION 3: TOTAL ALE REQUEST SUMMARY

Expense Category Totals

Category	Amount Claimed	Documentation Provided
Temporary Housing	\$2,097.30	1 receipt
Meals	\$4,062.00	45 receipts
Transportation	\$1,779.64	Mileage log + 28 receipts
Storage	\$1,424.00	3 receipts
Laundry	\$238.00	8 receipts
Pet Care	\$1,950.00	1 receipt
Other Necessary	\$991.56	5 receipts
TOTAL REQUEST	\$12,542.50	91 documents

Previous ALE Payments

Date	Amount	Check#	Period Covered	Applied To
02/05/25	\$8,500.00	445678	01/28-02/14	Initial hotel/meals
02/28/25	\$5,450.00	445892	Storage/moving	Storage setup
03/10/25	\$4,500.00	446125	02/15-02/28	Partial housing
Total Received	\$18,450.00	-	-	-

Current Request

- Total Expenses This Period: \$17,542.50
- Less Normal Living Costs: -\$2,775.00
- Less Credit for partial period covered: -\$1,920.00
- **Net ALE Request:** \$12,847.50

SECTION 4: FINANCIAL HARDSHIP DOCUMENTATION

Immediate Financial Impact

Current Financial Strain:

- Credit cards used for ALE: \$8,450.00 charged
- Credit cards near limits: Yes - available credit \$1,200

- Savings depleted: \$12,000 used
- 401(k) loan taken: \$10,000 at 6.5% interest
- Family borrowed from: \$5,000 (parents)

Monthly Cash Flow Analysis

Income/Expense	Normal	Current	Difference
Income	\$9,500	\$9,500	\$0
Housing	\$2,775	\$4,872	+\$2,097
Food	\$850	\$2,425	+\$1,575
Transportation	\$450	\$1,230	+\$780
Other ALE	\$0	\$1,950	+\$1,950
Net Impact	-	-	-\$6,402

Consequences Without Immediate Reimbursement

- Cannot pay next month's hotel
- Credit cards will exceed limits within 5 days
- Unable to pay minimum credit card payments
- Children's medication refills at risk
- Car payment will be late
- Credit score impact imminent (current score: 725)

SECTION 5: MITIGATION EFFORTS

Cost Reduction Measures Taken

1. Housing Mitigation:

- Searched for lowest cost extended stay option
- Chose hotel over more expensive furnished apartment
- Negotiated monthly rate (saved \$450/month)
- Sharing one suite instead of two rooms

2. Food Cost Mitigation:

- Using hotel breakfast when available

- Shopping at discount groceries
- Preparing simple meals in hotel microwave
- Using coupons and restaurant apps
- Kids eat free nights when available

3. Transportation Mitigation:

- Carpooling with neighbors for school
- Combining trips to property
- Working from home 2 days/week when possible

4. General Mitigation:

- Borrowing items from family vs. purchasing
 - Using laundromat vs. drop-off service
 - Shopping at thrift stores for emergency clothing
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SECTION 6: SPECIAL CIRCUMSTANCES

Factors Increasing ALE Needs

Medical Requirements:

- Robert requires refrigerated insulin (Type 2 diabetes)
- Linda needs daily nebulizer treatments (asthma)
- Tyler requires ADHD medication (controlled substance)
- Additional cost impact: \$385/month

Educational Requirements:

- Emma in senior year - cannot change schools
- Tyler in special education program
- Sarah in gifted program
- Must maintain school district residence
- Additional transportation cost: \$780/month

Employment Requirements:

- Both parents must maintain employment

- No work from home capability after fire
 - Business clothes lost in fire
 - Additional cost impact: \$450/month
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SECTION 7: ONGOING DISPLACEMENT PROJECTION

Restoration Timeline

Current Construction Status:

- Demolition: Complete
- Permits: Obtained 03/01/25
- Structural repairs: 40% complete
- Electrical replacement: 20% complete
- Plumbing replacement: 30% complete
- Interior restoration: 10% complete
- Final inspections: Scheduled May 2025

Realistic Return Timeline:

- Best case scenario: May 1, 2025
- Most likely: May 15, 2025
- Worst case: June 15, 2025
- Contractor's estimate: May 10, 2025

Projected Monthly ALE Needs

Month	Housing	Meals	Transport	Other	Total	Notes
April 2025	\$4,872	\$3,200	\$1,780	\$3,400	\$13,252	Full displacement
May 2025	\$2,436	\$1,600	\$890	\$1,700	\$6,626	Partial month
Total Projected	\$7,308	\$4,800	\$2,670	\$5,100	\$19,878	

Coverage Remaining: \$56,550.00

Projected Need Through Return: \$19,878.00

Potential Surplus: \$36,672.00

SECTION 8: DOCUMENTATION PROVIDED

Receipts and Invoices

- Hotel receipts: 2 pages
- Restaurant receipts: 45 pages (representative sample of 120+ receipts)
- Grocery receipts: 18 pages
- Gas receipts: 28 pages
- Mileage log: 4 pages
- Storage receipts: 3 pages
- Pet boarding: 2 pages
- Laundry receipts: 8 pages
- Other receipts: 15 pages
- **Total Documentation Pages: 125**

Supporting Documents

- Bank statements highlighting ALE expenses (12 pages)
- Credit card statements with ALE charges marked (8 pages)
- Contractor's timeline for repairs (3 pages)
- School enrollment verification (3 pages)
- Employer letters regarding work location (2 pages)
- Medical provider letter for refrigeration needs (1 page)
- Affidavit of expenses (2 pages)

Organization Method

- All receipts numbered sequentially (001-091)
 - Expense log cross-references receipt numbers
 - Digital copies available via Dropbox link
 - Original receipts maintained in accordion folder
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SECTION 9: PAYMENT INSTRUCTIONS

Reimbursement Method Requested

Preferred Method: Direct Deposit (Fastest)

- Bank Name: Wells Fargo Bank
- Routing Number: 061000227
- Account Number: 4457891234
- Account Type: Checking
- Account Holder: Robert J. Mitchell and Linda M. Mitchell

Alternative Method: Check

- Payee Name: Robert and Linda Mitchell
- Mailing Address: Extended Stay America, Room 247, 2945 Highway 20, Buford, GA 30519
- Expedited Delivery Requested: Yes

Advance for Next Period

Requesting Advance for Next 30 Days:

- Estimated housing: \$4,872.00
- Estimated meals: \$3,200.00
- Estimated other: \$3,400.00
- **Total Advance Request:** \$11,472.00

Justification:

- Prevents continued credit card debt
- Avoids late payment fees
- Ensures housing stability
- Maintains children's school attendance

SECTION 10: COMPLIANCE AND CERTIFICATION

Policy Compliance Statement

I certify that:

1. All expenses claimed were necessarily incurred due to the covered loss
2. Expenses represent actual additional costs above normal living expenses
3. All documentation is accurate and authentic
4. No duplicate reimbursement is being sought
5. Mitigation efforts have been made to minimize costs
6. Expenses are reasonable and customary for the North Atlanta area

Fair Rental Value Consideration

If fair rental value applies instead of ALE:

- Fair rental value of home: \$3,200/month
- Less mortgage payment: -\$2,245/month
- Net fair rental value: \$955/month
- Period claimed: 1 month
- Total alternative calculation: \$955.00
- *Note: ALE actual expenses exceed fair rental value*

Understanding of Coverage

I understand that:

- ALE covers additional expenses only
 - Normal living expenses are excluded
 - Coverage has time (12 months) and dollar limits (\$75,000)
 - Documentation is required
 - Mitigation is expected
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SECTION 11: QUESTIONS AND CLARIFICATIONS

Information Needed from Insurance Company

1. What is the status of our property claim settlement?
2. When will the next property inspection occur?
3. Are there any documentation issues to address?
4. What is the approved repair timeline?

5. Can we transition to a rental house vs. hotel?
6. Can we get pre-approval for upcoming expenses?

Available for Discussion

- Phone: (678) 555-4892 - Available 5 PM - 8 PM weekdays
 - Email: Response within 4 hours during business days
 - In-person meeting: Available with 2 days notice
 - Video conference: Available via Zoom
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SECTION 12: URGENT NATURE OF REQUEST

Time-Sensitive Factors

Immediate Payments Due:

- Hotel payment due: April 1, 2025 - \$4,872.00
- Storage unit payment: April 1, 2025 - \$189.00
- Credit card minimum payments: April 5, 2025 - \$450.00
- Pet boarding: April 1, 2025 - \$1,950.00

Consequences of Delayed Reimbursement:

- Will lose hotel reservation
- Credit cards will exceed limits
- Late fees will accrue (\$350 estimated)
- Credit score will drop
- Children's stability threatened
- May need to separate family temporarily

Response Deadline

- Please respond by: April 7, 2025
 - Acknowledge receipt within 48 hours
 - Advise of any documentation issues within 5 days
 - Process payment within 10 days
 - Or provide specific timeline for payment
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SECTION 13: CLOSING STATEMENT

This ALE request represents necessary and reasonable expenses incurred while we remain displaced from our home through no fault of our own. The documentation provided clearly supports these expenses, which are covered under our policy's Additional Living Expense provisions.

Our family has made every effort to minimize costs while maintaining a reasonable standard of living similar to our pre-loss situation. We have chosen economical options, performed careful record-keeping, and continue to mitigate expenses wherever possible.

The financial burden of carrying these expenses without timely reimbursement is creating significant hardship. We urgently need reimbursement of the \$12,847.50 documented in this request, plus an advance for upcoming expenses to avoid financial crisis.

Please process this request immediately. If there are any questions or additional documentation needs, please contact me immediately so we can resolve them promptly.

Thank you for your attention to this urgent matter.

Respectfully submitted,

Robert J. Mitchell

Robert J. Mitchell

March 28, 2025

(678) 555-4892 - available 24/7 for urgent matters

rmitchell.family@email.com

Attachments Checklist:

- ✓ Complete receipt package (91 receipts)
- ✓ Expense summary spreadsheet
- ✓ Mileage log
- ✓ Bank/credit card statements
- ✓ Hotel registration
- ✓ Contractor timeline
- ✓ Supporting letters
- ✓ Previous ALE payment documentation

Copy Distribution:

- Insurance Carrier (Original via certified mail and email)
- Restore Pro Public Adjusters
- Personal Records
- CPA for tax documentation

Certification:

I certify under penalty of perjury that the information provided in this request is true and correct to the best of my knowledge and belief.

Signature: *Robert J. Mitchell*

Date: March 28, 2025

Note: This is a sample document for demonstration purposes. All names, addresses, and figures are fictional. Keep all original receipts and maintain detailed records. Consider consulting with a public adjuster or attorney if ALE claims become complex or disputed.