

COMPREHENSIVE ADDITIONAL LIVING EXPENSES (ALE) REIMBURSEMENT REQUEST

Policyholder: [Name]
Claim #: [Number]
Policy #: [Number]
Date of Loss: [Date]
Period Covered: [Start Date] to [End Date]
Submission Date: [Date]
Request #: [If multiple submissions]

I. COVERAGE INFORMATION & STATUS

Policy Coverage Details

- **ALE Coverage Limit:** \$[Amount] or [#] months (whichever comes first)
- **Coverage Type:** ☐ Actual Loss Sustained ☐ Fixed Limit
- **Time Limit:** [12/24/36] months from date of loss
- **Deductible:** ☐ Not applicable to ALE ☐ \$[Amount]
- **Waiting Period:** ☐ None ☐ [#] hours/days

Current Coverage Status

Category	Limit	Used to Date	Remaining	% Used	Months Elapsed
ALE Total	\$(Amount)	\$(Amount)	\$(Amount)	[%]	[#]
Time Limit	[#] months	[#] months	[#] months	[%]	N/A
Fair Rental Value	\$(Amount)	\$(Amount)	\$(Amount)	[%]	[#]

Payment History

Request #	Date Submitted	Period Covered	Amount Requested	Amount Paid	Date Paid
1	[Date]	[Period]	\$(Amount)	\$(Amount)	[Date]
2	[Date]	[Period]	\$(Amount)	\$(Amount)	[Date]
Current	[Date]	[Period]	\$(Amount)	Pending	Pending

II. DISPLACEMENT STATUS & TIMELINE

Property Habitability Assessment

Current Status: ☐ Uninhabitable ☐ Partially Habitable ☐ Habitable with Restrictions

Habitability Details:

Area of Home	Usable	Unusable	Restrictions	Impact on Living
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	[Details]	Cannot cook meals
Bedrooms ([#])	[#] usable	[#] unusable	[Details]	Family sharing rooms
Bathrooms ([#])	[#] usable	[#] unusable	[Details]	Limited facilities
Living Areas	<input type="checkbox"/>	<input type="checkbox"/>	[Details]	No gathering space
Utilities	<input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Heat <input type="checkbox"/> AC	[List outages]	[Details]	[Impact]

Displacement Timeline

- **Loss Date:** [Date]
- **Evacuation Date:** [Date and time]
- **Repairs Started:** [Date]
- **Current Phase:** [Demolition/Drying/Rebuild/Finishing]
- **Expected Completion:** [Date]
- **Expected Return Date:** [Date]
- **Actual Return Date:** [If applicable]

Partial Habitability Calculation (if applicable)

- **Habitable Square Footage:** [#] sq ft of [total] sq ft = [%]
- **Usable Bedrooms:** [#] of [#] = [%]
- **Usable Bathrooms:** [#] of [#] = [%]
- **Kitchen Usable:** ☐ Yes ☐ No
- **Fair Rental Value Reduction:** [%] based on unusable space

III. ADVANCE PAYMENT REQUEST (If Applicable)

Advance Payment Justification

- **Immediate Need:** \$[Amount] for [Purpose]
- **Expected Monthly ALE:** \$[Amount]
- **Advance Requested:** \$[Amount]
- **Period Covered:** [# months]

Previous Advances

Date	Amount	Period	Reconciled	Balance
[Date]	[\$Amount]	[Period]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[\$Amount]

IV. SECTION A: TEMPORARY HOUSING EXPENSES

Normal Housing Cost Baseline

Expense Type	Monthly Amount	Daily Rate	Documentation
Mortgage Principal	[\$Amount]	[\$Amount]	Statement attached
Mortgage Interest	[\$Amount]	[\$Amount]	Statement attached
Property Tax	[\$Amount]	[\$Amount]	Tax bill attached
Homeowners Insurance	[\$Amount]	[\$Amount]	Policy attached
HOA Fees	[\$Amount]	[\$Amount]	Statement attached
TOTAL Normal Housing	[\$Amount]	[\$Amount]	

Temporary Housing Detailed Log

Hotel Stays

Check-in	Check-out	Hotel Name	Location	Room Type	Rate/Night	Taxes/Fees	Total	Receipt #
[Date]	[Date]	[Name]	[City]	[Type]	[\$Amount]	[\$Amount]	[\$Amount]	[#]
[Date]	[Date]	[Name]	[City]	[Type]	[\$Amount]	[\$Amount]	[\$Amount]	[#]

Temporary Rental

Start Date	End Date	Property Address	Type	Monthly Rent	Utilities Included	Deposit	Total
[Date]	[Date]	[Address]	[Apt/House]	[\$Amount]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[\$Amount]	[\$Amount]

Additional Housing Costs

Expense	Description	Amount	Reason	Receipt
Application Fees	[Details]	[\$Amount]	Required for rental	<input type="checkbox"/>
Pet Deposits	[Details]	[\$Amount]	Pets not allowed at hotel	<input type="checkbox"/>
Parking Fees	[Details]	[\$Amount]	Hotel/apartment parking	<input type="checkbox"/>

Expense	Description	Amount	Reason	Receipt
Moving Costs	[Details]	[\$Amount]	To temporary housing	<input type="checkbox"/>
Utility Deposits	[Details]	[\$Amount]	New service setup	<input type="checkbox"/>

Housing Cost Comparison

- **Total Temporary Housing Costs:** \$[Amount]
- **Less: Normal Housing Costs:** -[\$Amount]
- **Net Additional Housing Expense:** \$[Amount]

V. SECTION B: MEAL EXPENSES

Normal Food Budget Calculation

Category	Weekly	Monthly	Per Person	Family Total
Groceries	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]
Dining Out (Normal)	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]
School/Work Lunches	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]
TOTAL Normal	[\$Amount]	[\$Amount]		[\$Amount]

Additional Meal Expenses Log

Date	Meal	Restaurant/Store	# People	Amount	Reason	Over Normal
[Date]	Breakfast	[Location]	[#]	[\$Amount]	No kitchen	[\$Amount]
[Date]	Lunch	[Location]	[#]	[\$Amount]	Away from home	[\$Amount]
[Date]	Dinner	[Location]	[#]	[\$Amount]	No cooking facilities	[\$Amount]

Weekly Meal Summary

Week Ending	Breakfast	Lunch	Dinner	Groceries	Total	Normal	Excess
[Date]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]
[Date]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]

Meal Cost Justification

- **No Kitchen Access:** [Dates]
- **Limited Kitchen Access:** [Dates and limitations]
- **Additional Travel Time to Meals:** [Extra time/distance]

- **Special Dietary Needs:** [Requirements impacted]

VI. SECTION C: TRANSPORTATION EXPENSES

Normal Transportation Baseline

Category	Monthly	Daily	Details
Work Commute	[\$Amount]	[\$Amount]	[Miles] x [Days] @ \$0.XX/mile
School Transport	[\$Amount]	[\$Amount]	[Bus/Driving]
Regular Errands	[\$Amount]	[\$Amount]	[Estimated miles]
TOTAL Normal	[\$Amount]	[\$Amount]	

Additional Transportation Log

Increased Mileage

Date	From	To	Purpose	Miles	Rate	Amount
[Date]	Temp Housing	Work	Longer commute	[#]	\$0.655	[\$Amount]
[Date]	Temp Housing	School	Kid transport	[#]	\$0.655	[\$Amount]
[Date]	Temp Housing	Home	Check repairs	[#]	\$0.655	[\$Amount]

Other Transportation Costs

Date	Type	Description	Amount	Necessity
[Date]	Uber/Lyft	[From/To]	[\$Amount]	No vehicle available
[Date]	Rental Car	[Days]	[\$Amount]	Personal vehicle damaged
[Date]	Public Transit	[Route]	[\$Amount]	Temporary location

Transportation Summary

- **Total Additional Mileage:** [#] miles
- **Total Mileage Cost:** \$[Amount]
- **Other Transportation:** \$[Amount]
- **Less: Normal Transportation:** - \$[Amount]
- **Net Additional Transportation:** \$[Amount]

VII. SECTION D: STORAGE EXPENSES

Storage Facility Details

Facility Name	Location	Unit Size	Climate Controlled	Access Hours	Contract Start
[Name]	[Address]	[Size]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Hours]	[Date]

Storage Cost Breakdown

Month	Base Rent	Insurance	Fees	Total	Receipt #
[Month]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[#]
[Month]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]	[#]

Items in Storage

Category	Approximate Value	Reason for Storage
Furniture	[\$[Amount]]	Repairs to living areas
Clothing	[\$[Amount]]	Closets damaged
Electronics	[\$[Amount]]	Protect from construction
Documents	[\$[Amount]]	Safekeeping
TOTAL VALUE	[\$[Amount]]	

Moving & Storage Supplies

Item	Quantity	Cost	Purpose
Boxes	[#]	[\$[Amount]]	Packing
Bubble Wrap	[Rolls]	[\$[Amount]]	Protection
Moving Truck	[Days]	[\$[Amount]]	Transport
Labor	[Hours]	[\$[Amount]]	Loading/Unloading

VIII. SECTION E: LAUNDRY/DRY CLEANING

Normal Laundry Costs

- **Home Laundry:** \$[Amount]/month (utilities)
- **Occasional Dry Cleaning:** \$[Amount]/month

Additional Laundry Expenses

Date	Service Type	Location	Items	Cost	Normal Cost	Excess
[Date]	Laundromat	[Name]	[Loads]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]
[Date]	Wash & Fold	[Name]	[Pounds]	[\$[Amount]]	[\$[Amount]]	[\$[Amount]]

Date	Service Type	Location	Items	Cost	Normal Cost	Excess
[Date]	Dry Cleaning	[Name]	[Items]	[\$Amount]	[\$Amount]	[\$Amount]

Laundry Necessity Explanation

- No Washer/Dryer Access: [Dates]
- Smoke/Soot Damage to Clothing: Required professional cleaning
- Additional Laundry Due to: Limited clothing access

IX. SECTION F: PET CARE EXPENSES

Pet Information

Pet Name	Type	Age	Special Needs	Normal Care Cost
[Name]	[Dog/Cat]	[Age]	[Medical/dietary]	[\$Amount]/month

Additional Pet Expenses

Date Range	Service	Provider	Daily Rate	Total Days	Total Cost	Reason
[Dates]	Boarding	[Facility]	[\$Amount]	[#]	[\$Amount]	Hotel no pets
[Dates]	Pet Daycare	[Facility]	[\$Amount]	[#]	[\$Amount]	Working longer
[Dates]	Pet Deposit	[Rental]	N/A	N/A	[\$Amount]	Temporary housing
[Dates]	Extra Vet	[Clinic]	N/A	N/A	[\$Amount]	Stress-related

X. SECTION G: UTILITIES

Utility Comparison Table

Utility Type	Normal Home	Temporary Location	Difference	Period	Total Excess
Electric	[\$Amount]	[\$Amount]	[\$Amount]	[Months]	[\$Amount]
Gas	[\$Amount]	[\$Amount]	[\$Amount]	[Months]	[\$Amount]
Water/Sewer	[\$Amount]	[\$Amount]	[\$Amount]	[Months]	[\$Amount]
Trash	[\$Amount]	[\$Amount]	[\$Amount]	[Months]	[\$Amount]
Internet	[\$Amount]	[\$Amount]	[\$Amount]	[Months]	[\$Amount]
Cable/Streaming	[\$Amount]	[\$Amount]	[\$Amount]	[Months]	[\$Amount]

Duplicate Utility Costs

- Maintaining Home Utilities During Repairs: \$[Amount]

- **Temporary Location Utilities:** \$[Amount]
- **Installation/Connection Fees:** \$[Amount]
- **Deposit Requirements:** \$[Amount]

XI. SECTION H: OTHER NECESSARY EXPENSES

Miscellaneous Additional Expenses

Date	Item/Service	Provider	Cost	Justification	Receipt
[Date]	Temporary Furniture Rental	[Company]	\$[Amount]	Unfurnished rental	<input type="checkbox"/>
[Date]	Additional Clothing	[Store]	\$[Amount]	Limited access to closets	<input type="checkbox"/>
[Date]	School Supplies	[Store]	\$[Amount]	Left at damaged home	<input type="checkbox"/>
[Date]	Medications	[Pharmacy]	\$[Amount]	Lost in evacuation	<input type="checkbox"/>
[Date]	Work Equipment	[Store]	\$[Amount]	Home office inaccessible	<input type="checkbox"/>
[Date]	Children's Needs	[Store]	\$[Amount]	Toys/comfort items	<input type="checkbox"/>

Communication & Technology

Service	Normal Cost	Temporary Cost	Difference	Months	Total
Cell Phone Overages	\$[Amount]	\$[Amount]	\$[Amount]	[#]	\$[Amount]
Internet Hotspot	\$0	\$[Amount]	\$[Amount]	[#]	\$[Amount]
Cloud Storage	\$[Amount]	\$[Amount]	\$[Amount]	[#]	\$[Amount]

XII. PAYMENT METHOD TRACKING

Payment Method Analysis

Expense Category	Cash	Credit Card	Debit Card	Check	Other
Housing	\$[Amount]	\$[Amount]	\$[Amount]	\$[Amount]	\$[Amount]
Meals	\$[Amount]	\$[Amount]	\$[Amount]	\$[Amount]	\$[Amount]
Transportation	\$[Amount]	\$[Amount]	\$[Amount]	\$[Amount]	\$[Amount]
Other	\$[Amount]	\$[Amount]	\$[Amount]	\$[Amount]	\$[Amount]

Credit Card Usage Tracking

- **Interest Charges Due to ALE:** \$[Amount]
- **Over-limit Fees:** \$[Amount]
- **Cash Advance Fees:** \$[Amount]

XIII. COMPREHENSIVE EXPENSE SUMMARY

Total ALE Calculation

Category	Actual Cost	Normal Cost	Additional Expense	Receipts Attached
Housing	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Meals	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Transportation	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Storage	[\$Amount]	\$0	[\$Amount]	[#] receipts
Laundry	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Pet Care	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Utilities	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Other	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
SUBTOTAL	[\$Amount]	[\$Amount]	[\$Amount]	[#] total

Adjustments

- **Previous ALE Payments Received:** -[\$Amount]
- **Advance Payments to Reconcile:** -[\$Amount]
- **Credits/Refunds Received:** -[\$Amount]
- **Insurance Deductible (if applicable):** -[\$Amount]
- **NET AMOUNT DUE:** \$[Amount]

XIV. FAIR RENTAL VALUE CALCULATION (Alternative Method)

If Using Fair Rental Value Method

Comparable Property	Address	Size	Bedrooms	Monthly Rent	Source
Comp 1	[Address]	[Sq ft]	[#]	[\$Amount]	[Zillow/etc]
Comp 2	[Address]	[Sq ft]	[#]	[\$Amount]	[Source]
Comp 3	[Address]	[Sq ft]	[#]	[\$Amount]	[Source]
Average Fair Rental Value				[\$Amount]	

Fair Rental Value vs Actual Expenses

- **Fair Rental Value:** $[\$Amount] \times [Months] = \$[Amount]$
- **Actual Additional Expenses:** \$[Amount]

- **Amount Claimed (lesser of):** \$[Amount]

XV. DOCUMENTATION CHECKLIST

Required Documentation Attached

- ☐ All receipts organized by date and category
- ☐ Credit card statements with ALE charges highlighted
- ☐ Bank statements showing payments
- ☐ Lease agreement or hotel folios
- ☐ Utility bills (both homes)
- ☐ Mileage log with dates and purposes
- ☐ Normal expense documentation
- ☐ Meal receipts with number of people noted
- ☐ Storage unit agreement
- ☐ Pet boarding invoices
- ☐ Laundry receipts
- ☐ Photos of temporary living situation

Missing Receipt Declaration

For expenses without receipts, I declare under penalty of perjury:

Date	Expense	Amount	Reason No Receipt	Verification Method
[Date]	[Description]	\$(Amount)	[Lost/Not provided]	[Credit card statement]
[Date]	[Description]	\$(Amount)	[Cash payment]	[Witness/photo]

XVI. MITIGATION OF ALE EXPENSES

Cost Mitigation Efforts

I have attempted to minimize ALE expenses by:

- ☐ Selecting economical temporary housing options
- ☐ Preparing meals when facilities available
- ☐ Combining trips to reduce mileage
- ☐ Staying with family/friends when possible ([# nights])
- ☐ Using company housing discounts
- ☐ Negotiating extended stay rates
- ☐ Sharing accommodations with family members

- ☐ Using coupons/discounts for meals
- ☐ Carpooling when possible

Cost Savings Achieved

Mitigation Action	Potential Cost	Actual Cost	Savings
[Action]	[\$Amount]	[\$Amount]	[\$Amount]
[Action]	[\$Amount]	[\$Amount]	[\$Amount]
Total Savings			[\$Amount]

XVII. SPECIAL CIRCUMSTANCES

Additional Costs Due To Special Needs

Family Member	Special Need	Additional Expense Type	Amount	Documentation
[Name]	[Disability/Medical]	[Accommodation]	[\$Amount]	[Medical records]
[Name]	[Dietary]	[Special food]	[\$Amount]	[Doctor note]
[Name]	[Educational]	[Tutoring/Transport]	[\$Amount]	[School records]

Hardship Considerations

- **Single Income Household:** ☐ Yes ☐ No
- **Large Family ([#] members):** Additional space needed
- **Medical Equipment Requirements:** [Description]
- **Work from Home Requirements:** [Equipment/Space needs]
- **School District Requirements:** Must maintain residence for enrollment

XVIII. PAYMENT INFORMATION

Preferred Payment Method

☐ **Check payable to:** [Name]

☐ **Direct Deposit:**

- Bank Name: [Bank]
- Routing Number: [Number]
- Account Number: [Number]
- Account Type: ☐ Checking ☐ Savings ☐ **Wire Transfer:** (provide details separately)
- ☐ **Insurance Payment Card:** If available

Payment Address

If different from policy address:

[Current Mailing Address]

[City, State ZIP]

Tax Reporting

- **Social Security #:** XXX-XX-[Last 4]
- **Understand 1099 may be issued:** ☐ Yes
- **Tax advisor informed:** ☐ Yes ☐ No

XIX. CERTIFICATION & SIGNATURE

Certification Statement

I certify that:

1. All expenses claimed were necessarily incurred as result of the covered loss
2. Amounts represent actual additional living expenses beyond normal costs
3. All information and documentation provided is true and accurate
4. Receipts and supporting documents are authentic and unaltered
5. No expenses have been reimbursed from other sources
6. I have attempted to mitigate expenses where reasonable
7. I will notify the insurance company when able to return home
8. I understand false statements constitute insurance fraud

I understand that:

- False statements may result in denial of coverage
- Insurance fraud is a crime punishable by law
- The insurance company may audit these expenses
- I may be required to provide additional documentation
- Advances must be reconciled with actual expenses

Signature

Policyholder Signature

Print Name: [Name]

Date: [Date]

Spouse/Co-Insured Signature

Print Name: [Name]

Date: [Date]

XX. FOR INSURANCE COMPANY USE

Review Section

- **Reviewed by:** _____
- **Date Reviewed:** _____
- **Coverage Verified:** ☐ Yes ☐ No
- **Amount Approved:** \$ _____
- **Amount Disputed:** \$ _____
- **Additional Info Needed:** ☐ Yes ☐ No

Approval

- **Payment Authorized:** _____
- **Check/Transfer #:** _____
- **Date Paid:** _____
- **Notes:** _____

ATTACHMENTS LIST

1. Housing Documentation

- ☐ Hotel receipts/folios ([#] pages)
- ☐ Rental agreement ([#] pages)
- ☐ Normal housing costs ([#] pages)

2. Meal Documentation

- ☐ Restaurant receipts ([#] receipts)
- ☐ Grocery receipts ([#] receipts)
- ☐ Normal food budget ([#] pages)

3. **Transportation Documentation**

- ☐ Mileage log ([#] pages)
- ☐ Gas receipts ([#] receipts)
- ☐ Rental car agreement ([#] pages)

4. **Other Documentation**

- ☐ Storage agreement ([#] pages)
- ☐ Utility bills ([#] pages)
- ☐ Pet care invoices ([#] pages)
- ☐ Laundry receipts ([#] receipts)
- ☐ Credit card statements ([#] pages)
- ☐ Bank statements ([#] pages)

This document is provided as a comprehensive template for ALE reimbursement requests. It should be customized with specific information and all applicable sections completed. Not all sections may apply to every claim.

Document Version: 2024.01

Total Pages: [#]

Total Receipts: [#]

Claim Reference: [Claim #]