

ALE INTERIM REIMBURSEMENT REQUEST LETTER

Document Category: Residential Living / ALE

Document Number: 22 of 33

POLICYHOLDER INFORMATION

Contact Details

- Primary Policyholder: [Full legal name]
- Co-Insured: [If applicable]
- Permanent Address: [Damaged property address]
- Current Temporary Address: [Where staying now]
- Primary Phone: [Number - cell preferred]
- Secondary Phone: [Number]
- Email: [Email address]
- Preferred Contact Method: [Phone/Email/Text]
- Best Time to Contact: [Hours]

Policy Information

- Insurance Carrier: [Full company name]
- Policy Number: [Number]
- Claim Number: [Number]
- Policy Period: [Start - End dates]
- ALE Coverage Limit: \$[Amount] or [%] of Coverage A
- ALE Used to Date: \$[Amount]
- ALE Remaining: \$[Amount]

Claim Details

- Date of Loss: [Date]
- Cause of Loss: [Fire/Water/Storm/etc.]
- Date Home Became Uninhabitable: [Date]
- Displacement Began: [Date and time]
- Current Status: [Still displaced/Partial return/etc.]

- Estimated Return Date: [Date or "Unknown"]

FORMAL REQUEST

Date: [Current date]

To:

[Insurance Carrier Name]

Claims Department - ALE Division

[Address]

[City, State ZIP]

Attention: [Adjuster name if known]

Via: Email and Certified Mail #[Number]

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

- Policy #: [Number]
- Claim #: [Number]
- Period Covered: [Start Date] to [End Date] ([#] days)
- Amount Requested: \$[Total amount]
- Response Needed By: [Date - typically 10 days]

Dear [Adjuster Name or Claims Department]:

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 damages. This request covers documented expenses from [start date] through [end date], totaling \$[amount].

SECTION 1: DISPLACEMENT STATUS AND HOUSEHOLD COMPOSITION

Current Living Situation

Home Status:

- Uninhabitable since: [Date]
- Reason for continued displacement: [Detailed explanation]
- Restoration progress: [%] complete
- City/County inspection status: [Failed/Pending/Not scheduled]
- Certificate of Occupancy: [Not issued - expected date]

Current Temporary Location:

- Type: [Hotel/Extended stay/Rental house/With family]
- Address: [Complete temporary address]
- Distance from damaged home: [Miles]
- Distance from work/school: [Miles]
- Occupancy began: [Date]
- Lease/Agreement through: [Date]

Household Members Displaced

Name	Age	Relationship	Special Needs	School/Work Impact
[Name]	[Age]	Self	[Medical/dietary/mobility]	[Employer/location]
[Name]	[Age]	[Spouse/Child/etc.]	[Any special needs]	[School/employer]
[Name]	[Age]	[Relationship]	[Needs]	[Impact]

- **Total Displaced:** [#] people
- **Pets:** [Type and number]

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#
[Hotel name]	[Date]	[Date]	[#]	[Single/Double/Suite]	[\$[Amt]]	[\$[Amt]]	[\$[Amt]]	[#]

Hotel Subtotal: \$[Amount]

Rental Property Expenses

Property Details:

- Address: [Complete address]
- Type: [House/Apartment/Condo]
- Bedrooms/Bathrooms: [#]/[#]

- Square footage: [If known]
- Furnished: [Yes/No]

Rental Costs:

Expense Type	Amount	Date Paid	Check/Transaction #	Receipt #
Security Deposit	[\$Amt]	[Date]	[#]	[#]
First Month Rent	[\$Amt]	[Date]	[#]	[#]
Last Month Rent	[\$Amt]	[Date]	[#]	[#]
Pet Deposit	[\$Amt]	[Date]	[#]	[#]
Utility Deposits	[\$Amt]	[Date]	[#]	[#]
Renter's Insurance	[\$Amt]	[Date]	[#]	[#]

Rental Subtotal: \$[Amount]

Comparison to Normal Housing Expenses

Expense Category	Normal Monthly	Current Monthly	Difference
Mortgage/Rent	[\$Amt]	[\$Amt]	+\$[Amt]
Property Taxes	[\$Amt]	[\$Continuing]	\$0
Homeowners Insurance	[\$Amt]	[\$Continuing]	\$0
Net Additional Housing	[\$Amt]	[\$Amt]	+\$[Amt]

B. MEAL EXPENSES

Increased Food Costs Analysis

- Normal Monthly Food Budget: \$[Amount]
- Current Monthly Food Costs: \$[Amount]
- Monthly Increase: \$[Amount]

Daily Meal Breakdown

Period	Days	Breakfast	Lunch	Dinner	Daily Total	Period Total
Week 1	[#]	[\$Avg]	[\$Avg]	[\$Avg]	[\$Total]	[\$Week total]
Week 2	[#]	[\$Avg]	[\$Avg]	[\$Avg]	[\$Total]	[\$Week total]
Week 3	[#]	[\$Avg]	[\$Avg]	[\$Avg]	[\$Total]	[\$Week total]
Week 4	[#]	[\$Avg]	[\$Avg]	[\$Avg]	[\$Total]	[\$Week total]

Meal Expense Subtotal: \$[Amount]

Justification for Increased Meal Costs:

- No access to full kitchen (hotel/limited facilities)
- Unable to store perishables (no/small refrigerator)
- Unable to prepare meals (no cookware/utensils)
- Dietary restrictions requiring specific restaurants
- Children requiring special meals

C. TRANSPORTATION EXPENSES

Additional Mileage Calculation

Purpose	Normal Miles	Current Miles	Add'l Miles	Frequency	Total Miles	Cost @ \$0.67/mi
Work commute	[#]/day	[#]/day	[#]/day	[Days]	[Total]	[\$Amt]
School transport	[#]/day	[#]/day	[#]/day	[Days]	[Total]	[\$Amt]
Property checks	N/A	[#]/trip	[#]/trip	[Trips]	[Total]	[\$Amt]
Contractor meetings	N/A	[#]/trip	[#]/trip	[Trips]	[Total]	[\$Amt]

Mileage Subtotal: \$[Amount]

Other Transportation Costs

Type	Description	Amount	Receipt#
Parking	Additional parking fees	[\$Amt]	[#]
Tolls	New route tolls	[\$Amt]	[#]
Public Transit	Bus/Train passes	[\$Amt]	[#]
Ride Services	Uber/Lyft when needed	[\$Amt]	[#]

Other Transportation Subtotal: \$[Amount]

D. STORAGE EXPENSES

Storage Unit Details

- Facility: [Name]
- Location: [Address]

- Unit Size: [Dimensions]
- Climate Controlled: [Yes/No]

Month	Rental Fee	Insurance	Lock/Supplies	Total	Receipt#
[Month]	[\$Amt]	[\$Amt]	[\$Amt]	[\$Amt]	[#]

Moving and Storage Labor

Service	Date	Hours	Rate	Total	Receipt#
Moving to storage	[Date]	[#]	[\$Amt]	[\$Amt]	[#]
Packing supplies	[Date]	-	-	[\$Amt]	[#]

Storage Subtotal: \$[Amount]

E. LAUNDRY EXPENSES

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

Week	Laundromat Visits	Wash Loads	Dry Loads	Supplies	Total	Receipts
Week 1	[#]	[#] @ \$[Amt]	[#] @ \$[Amt]	[\$Amt]	[\$Amt]	[Y/N]

Laundry Subtotal: \$[Amount]

F. PET EXPENSES

Pet Boarding/Care

- Pet(s) Description: [Type, number, special needs]
- Normal Housing: Pets lived at home
- Current Situation: [Not allowed in temporary housing/Required boarding]

Facility/Service	Dates	Daily Rate	Additional Services	Total	Receipt#
[Name]	[Start-End]	[\$Amt]	[\$Grooming/medical]	[\$Amt]	[#]

Pet Expense Subtotal: \$[Amount]

G. UTILITY EXPENSES

Temporary Location Utilities

Utility	Monthly Cost	Deposit Paid	Connection Fee	Total	Receipt#
Electricity	[\$Amt]	[\$Amt]	[\$Amt]	[\$Amt]	[#]
Gas	[\$Amt]	[\$Amt]	[\$Amt]	[\$Amt]	[#]
Water/Sewer	[\$Amt]	[\$Amt]	[\$Amt]	[\$Amt]	[#]
Internet	[\$Amt]	[\$Amt]	[\$Amt]	[\$Amt]	[#]
Cable/Streaming	[\$Amt]	[\$Amt]	[\$Amt]	[\$Amt]	[#]

Continuing Home Utilities

Utility	Monthly Cost	Purpose	Total This Period
Electric (min)	[\$Amt]	Maintain systems	[\$Amt]
Gas (min)	[\$Amt]	Prevent freezing	[\$Amt]
Security	[\$Amt]	Protect property	[\$Amt]

Net Additional Utilities: \$[Amount]

H. OTHER NECESSARY EXPENSES

Essential Purchases

Item/Service	Reason Needed	Cost	Receipt#
Furniture rental	Unfurnished rental	[\$Amt]	[#]
Kitchen supplies	None in rental	[\$Amt]	[#]
Bedding/linens	None available	[\$Amt]	[#]
Clothing	Smoke damaged	[\$Amt]	[#]
Medications	Lost in evacuation	[\$Amt]	[#]
School supplies	Left at home	[\$Amt]	[#]
Work equipment	Home office destroyed	[\$Amt]	[#]

Other Expenses Subtotal: \$[Amount]

SECTION 3: TOTAL ALE REQUEST SUMMARY

Expense Category Totals

Category	Amount Claimed	Documentation Provided
Temporary Housing	[\$Amt]	[# receipts]
Meals	[\$Amt]	[# receipts]

Category	Amount Claimed	Documentation Provided
Transportation	[\$Amt]	[Mileage log + receipts]
Storage	[\$Amt]	[# receipts]
Laundry	[\$Amt]	[# receipts]
Pet Care	[\$Amt]	[# receipts]
Utilities	[\$Amt]	[# bills]
Other Necessary	[\$Amt]	[# receipts]
TOTAL REQUEST	[\$Amt]	[Total # documents]

Previous ALE Payments

Date	Amount	Check#	Period Covered	Applied To
[Date]	[\$Amt]	[#]	[Dates]	[Categories]
[Date]	[\$Amt]	[#]	[Dates]	[Categories]
Total Received	[\$Amt]	-	-	-

Current Request

- Total Expenses This Period: \$[Amount]
- Less Previous Payments: - \$[Amount]
- Less Normal Living Costs: - \$[Amount]
- **Net ALE Request:** \$[Amount]

SECTION 4: FINANCIAL HARDSHIP DOCUMENTATION

Immediate Financial Impact

Current Financial Strain:

- Credit cards used for ALE: \$[Amount charged]
- Credit cards near limits: [Y/N - available credit \$[Amt]]
- Savings depleted: \$[Amount used]
- Retirement funds accessed: \$[Amount] (penalties: \$[Amt])
- Loans obtained: \$[Amount] at [%] interest
- Family borrowed from: \$[Amount]

Monthly Cash Flow Analysis

Income/Expense	Normal	Current	Difference
Income	[\$Amt]	[\$Amt]	[\$Amt]
Housing	[\$Amt]	[\$Amt]	+\$[Amt]
Food	[\$Amt]	[\$Amt]	+\$[Amt]
Transportation	[\$Amt]	[\$Amt]	+\$[Amt]
Other ALE	\$0	[\$Amt]	+\$[Amt]
Net Impact	-	-	-\$[Amt]

Consequences Without Immediate Reimbursement

- Cannot pay next month's temporary housing
- Credit cards will exceed limits
- Unable to pay other bills
- Children's needs unmet
- Medical expenses deferred
- Credit score impact imminent

SECTION 5: MITIGATION EFFORTS

Cost Reduction Measures Taken

1. Housing Mitigation:

- Searched for lowest cost appropriate housing
- Chose [hotel/rental] over [more expensive option]
- Sharing accommodations with [#] family members
- Negotiated weekly/monthly rates

2. Food Cost Mitigation:

- Preparing meals when possible
- Using hotel breakfast when available
- Shopping for groceries vs. restaurants
- Using coupons and discounts

3. Transportation Mitigation:

- Carpooling when possible
- Combining trips to property
- Using most efficient routes

4. General Mitigation:

- Minimizing all non-essential expenses
- Borrowing items vs. purchasing
- Seeking family assistance where possible

SECTION 6: SPECIAL CIRCUMSTANCES

Factors Increasing ALE Needs

Medical Requirements:

- Family member [Name] requires [specific medical needs]
- Must remain near [hospital/doctor]
- Special equipment needed: [Description]
- Additional cost impact: \$[Amount]

Educational Requirements:

- Children must remain in school district
- [Name] in senior year/special program
- Transportation to school required
- Additional cost impact: \$[Amount]

Employment Requirements:

- Work from home setup required
- Must maintain proximity to workplace
- Business equipment/supplies needed
- Additional cost impact: \$[Amount]

Family Circumstances:

- Elderly parent requires care
- Special needs family member
- Pet medical requirements

- Additional cost impact: \$[Amount]

SECTION 7: ONGOING DISPLACEMENT PROJECTION

Restoration Timeline

Current Construction Status:

- Demolition: [Complete/In progress/%]
- Permits: [Obtained/Pending]
- Structural repairs: [Status]
- Systems replacement: [Status]
- Interior restoration: [Status]
- Final inspections: [Scheduled date]

Realistic Return Timeline:

- Best case scenario: [Date]
- Most likely: [Date]
- Worst case: [Date]
- Contractor's estimate: [Date]

Projected Monthly ALE Needs

Month	Housing	Meals	Transport	Other	Total	Notes
[Current]	\$[Amt]	\$[Amt]	\$[Amt]	\$[Amt]	\$[Amt]	[Status]
[Next]	\$[Amt]	\$[Amt]	\$[Amt]	\$[Amt]	\$[Amt]	[Expected]
[Following]	\$[Amt]	\$[Amt]	\$[Amt]	\$[Amt]	\$[Amt]	[Projected]

- **Total Projected ALE Through Return:** \$[Amount]
- **Coverage Remaining:** \$[Amount]
- **Potential Shortfall:** \$[Amount if applicable]

SECTION 8: DOCUMENTATION PROVIDED

Receipts and Invoices

- Hotel receipts: [#] pages
- Rental agreement/receipts: [#] pages

- Restaurant receipts: [#] pages (representative sample)
- Grocery receipts: [#] pages
- Gas receipts: [#] pages
- Mileage log: [#] pages
- Storage receipts: [#] pages
- Utility bills: [#] pages
- Other receipts: [#] pages
- **Total Documentation Pages:** [#]

Supporting Documents

- Bank statements highlighting ALE expenses
- Credit card statements with ALE charges marked
- Contractor's timeline for repairs
- School enrollment verification
- Employer letter regarding work location
- Medical provider letter (if applicable)
- Affidavit of expenses

Organization Method

- All receipts numbered sequentially
- Expense log cross-references receipt numbers
- Digital copies available upon request
- Original receipts maintained in binder

SECTION 9: PAYMENT INSTRUCTIONS

Reimbursement Method Requested

Preferred Method: Direct Deposit (Fastest)

- Bank Name: [Name]
- Routing Number: [Number]
- Account Number: [Number]
- Account Type: [Checking/Savings]
- Account Holder: [Name(s)]

Alternative Method: Check

- Payee Name: [Full name as it should appear]
- Mailing Address: [Current temporary address]
- Expedited Delivery Requested: [Yes/No]

Advance for Next Period

Requesting Advance for Next 30 Days:

- Estimated housing: \$[Amount]
- Estimated meals: \$[Amount]
- Estimated other: \$[Amount]
- **Total Advance Request:** \$[Amount]

Justification:

- Prevents financial hardship
- Avoids credit damage
- Ensures housing stability
- Maintains family welfare

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 area

Fair Rental Value Consideration

If fair rental value applies instead of ALE:

- Fair rental value of home: \$[Amount]/month

- Less mortgage payment: -\${[Amount]}
- Net fair rental value: \${[Amount]}/month
- Period claimed: [# months]
- Total alternative calculation: \${[Amount]}

Understanding of Coverage

I understand that:

- ALE covers additional expenses only
- Normal living expenses are excluded
- Coverage has time and dollar limits
- Documentation is required
- Mitigation is expected

SECTION 11: QUESTIONS AND CLARIFICATIONS

Information Needed from Insurance Company

1. What is the status of our property claim?
2. When will the next inspection occur?
3. Are there any documentation issues to address?
4. What is the approved repair timeline?
5. Is our ALE coverage sufficient for projected timeline?
6. Can we get pre-approval for upcoming expenses?

Available for Discussion

- Phone: [Best number] - Available [hours]
- Email: Respond within [hours]
- In-person meeting: Available with [#] days notice
- Video conference: Available via [platform]

SECTION 12: URGENT NATURE OF REQUEST

Time-Sensitive Factors

Immediate Payments Due:

- Next month's rent due: [Date] - \${[Amount]}

- Storage unit payment: [Date] - \$[Amount]
- Utility deposits needed: [Date] - \$[Amount]
- Credit card payments: [Date] - \$[Amount]

Consequences of Delayed Reimbursement:

- May lose temporary housing
- Credit cards will exceed limits
- Late fees will accrue
- Credit score will be impacted
- Family stability threatened

Response Deadline

- Please respond by: [Date - typically 10 business days]
- Acknowledge receipt within 48 hours
- Advise of any documentation issues within 5 days
- Process payment within 10 days
- Or provide specific timeline for payment

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 \$[amount] 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,

[Signature]

[Printed Name]

[Date]

[Phone Number - available 24/7 for urgent matters]

[Email Address]

Attachments Checklist:

- ☐ Complete receipt package ([#] receipts)
- ☐ Expense summary spreadsheet
- ☐ Mileage log
- ☐ Bank/credit card statements
- ☐ Rental agreement
- ☐ Contractor timeline
- ☐ Supporting letters
- ☐ Previous ALE payment documentation

Copy Distribution:

- Insurance Carrier (Original via certified mail and email)
- Public Adjuster (if applicable)
- Personal Records
- Attorney (if applicable)

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: _____

Date: _____

Note: This template is for informational purposes only and does not constitute legal advice. Keep all original receipts and maintain detailed records. Consider consulting with a public adjuster or attorney if ALE claims become complex or disputed. Customize all bracketed fields with your specific information.