

COMPREHENSIVE ADDITIONAL LIVING EXPENSES (ALE) REIMBURSEMENT REQUEST

Policyholder: John and Sarah Thompson

Claim #: SF-2024-12345

Policy #: HO-9876543

Date of Loss: March 15, 2024

Period Covered: March 15, 2024 to June 15, 2024

Submission Date: June 20, 2024

Request #: 2 (Second submission)

I. COVERAGE INFORMATION & STATUS

Policy Coverage Details

- ALE Coverage Limit:** \$75,000 or 12 months (whichever comes first)
- Coverage Type:** ☒ Actual Loss Sustained
- Time Limit:** 12 months from date of loss
- Deductible:** ☒ Not applicable to ALE
- Waiting Period:** ☒ None

Current Coverage Status

Category	Limit	Used to Date	Remaining	% Used	Months Elapsed
ALE Total	\$75,000	\$18,845	\$56,155	25.1%	3
Time Limit	12 months	3 months	9 months	25%	N/A

Payment History

Request #	Date Submitted	Period Covered	Amount Requested	Amount Paid	Date Paid
1	4/20/24	3/15-4/15/24	\$8,250	\$8,250	4/28/24
Current	6/20/24	4/16-6/15/24	\$10,595	Pending	Pending

II. DISPLACEMENT STATUS & TIMELINE

Property Habitability Assessment

Current Status: ☒ Uninhabitable ☐ Partially Habitable

Habitability Details:

Area of Home	Usable	Unusable	Restrictions	Impact on Living
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire damage, no appliances	Cannot cook meals
Bedrooms (3)	0 usable	3 unusable	Smoke damage throughout	Family in hotel/rental
Bathrooms (2)	0 usable	2 unusable	Water damage from firefighting	No facilities
Living Areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Structural damage	No living space
Utilities	None functioning	All systems	Power, water, gas off	Property uninhabitable

Displacement Timeline

- **Loss Date:** March 15, 2024
- **Evacuation Date:** March 15, 2024, 3:30 AM
- **Repairs Started:** April 20, 2024
- **Current Phase:** Demolition and framing
- **Expected Completion:** August 15, 2024
- **Expected Return Date:** August 20, 2024

III. SECTION A: TEMPORARY HOUSING EXPENSES

Normal Housing Cost Baseline

Expense Type	Monthly Amount	Daily Rate	Documentation
Mortgage Principal	\$820	\$27.33	Wells Fargo statement
Mortgage Interest	\$1,680	\$56.00	Wells Fargo statement
Property Tax	\$425	\$14.17	County tax bill
Homeowners Insurance	\$175	\$5.83	State Farm policy
TOTAL Normal Housing	\$3,100	\$103.33	

Temporary Housing Detailed Log

Hotel Stays

Check-in	Check-out	Hotel Name	Room Type	Rate/Night	Taxes/Fees	Total	Receipt #
3/15/24	3/22/24	Marriott Downtown	2-BR Suite	\$189	\$198.45	\$1,521.45	MR-445521
3/22/24	3/29/24	Hampton Inn	2-Queen	\$145	\$126.35	\$1,141.35	HI-789456

Temporary Rental

Start Date	End Date	Property Address	Type	Monthly Rent	Deposit	Total
3/29/24	Ongoing	456 Oak Street, Apt 2B	2BR Apt	\$2,800	\$2,800	\$8,400 (3 mo)

Additional Housing Costs

Expense	Description	Amount	Reason	Receipt
Application Fees	Background check	\$150	Required for rental	<input checked="" type="checkbox"/>
Pet Deposits	Two pets	\$500	Pets not allowed at hotel	<input checked="" type="checkbox"/>
Parking Fees	Monthly parking	\$450	Apartment parking	<input checked="" type="checkbox"/>
Moving Costs	To temporary housing	\$650	Professional movers	<input checked="" type="checkbox"/>
Utility Deposits	Electric, gas, water	\$450	New service setup	<input checked="" type="checkbox"/>

Housing Cost Comparison

- **Total Temporary Housing Costs:** \$13,462.80
- **Less: Normal Housing Costs:** -\$9,300.00
- **Net Additional Housing Expense:** \$4,162.80

IV. SECTION B: MEAL EXPENSES

Normal Food Budget Calculation

Category	Weekly	Monthly	Per Person	Family Total (4)
Groceries	\$200	\$867	\$217	\$867
Dining Out (Normal)	\$50	\$217	\$54	\$217
School/Work Lunches	\$40	\$173	\$43	\$173
TOTAL Normal	\$290	\$1,257		\$1,257

Additional Meal Expenses Log (Sample Week)

Date	Meal	Restaurant/Store	# People	Amount	Reason	Over Normal
6/10/24	Breakfast	IHOP	4	\$58.50	No kitchen	\$38.50
6/10/24	Lunch	Subway	4	\$42.00	Away from home	\$22.00
6/10/24	Dinner	Olive Garden	4	\$87.50	No cooking facilities	\$57.50
6/11/24	Breakfast	McDonald's	4	\$32.00	No kitchen	\$22.00
6/11/24	Lunch	Chipotle	4	\$48.00	Working/school	\$28.00
6/11/24	Dinner	Local Pizza	4	\$65.00	No cooking facilities	\$45.00

Weekly Meal Summary

Week Ending	Breakfast	Lunch	Dinner	Groceries	Total	Normal	Excess
4/21/24	\$245	\$280	\$420	\$85	\$1,030	\$290	\$740
4/28/24	\$238	\$294	\$455	\$92	\$1,079	\$290	\$789
5/5/24	\$252	\$301	\$441	\$78	\$1,072	\$290	\$782
5/12/24	\$231	\$287	\$469	\$88	\$1,075	\$290	\$785

Total Additional Meal Expenses (2 months): \$6,256.00

V. SECTION C: TRANSPORTATION EXPENSES

Normal Transportation Baseline

Category	Monthly	Daily	Details
Work Commute	\$220	\$7.33	15 miles × 22 days @ \$0.655/mile
School Transport	\$0	\$0	Bus provided
Regular Errands	\$80	\$2.67	Estimated 120 miles/month
TOTAL Normal	\$300	\$10.00	

Additional Transportation Log

Increased Mileage

Date	From	To	Purpose	Miles	Rate	Amount
Daily	Temp Housing	Work	Longer commute	28	\$0.655	\$18.34
Daily	Temp Housing	School	No bus service	12	\$0.655	\$7.86
Weekly	Temp Housing	Home	Check repairs	35	\$0.655	\$22.93
Various	Extra errands	Various	Different location	180/mo	\$0.655	\$117.90

Other Transportation Costs

Date	Type	Description	Amount	Necessity
3/15-3/29	Uber/Lyft	No vehicle first 2 weeks	\$342	Car in shop
4/1-4/15	Rental Car	Personal vehicle damaged	\$485	Transportation

Transportation Summary

- **Total Additional Mileage:** 1,850 miles
- **Total Mileage Cost:** \$1,211.75
- **Other Transportation:** \$827.00
- **Less: Normal Transportation:** -\$900.00
- **Net Additional Transportation:** \$1,138.75

VI. SECTION D: STORAGE EXPENSES

Storage Facility Details

Facility Name	Location	Unit Size	Climate Controlled	Access Hours	Contract Start
SecureStore	123 Storage Way	10×20	<input checked="" type="checkbox"/> Yes	6am-10pm	3/18/24

Storage Cost Breakdown

Month	Base Rent	Insurance	Fees	Total	Receipt #
March	\$165	\$15	\$25	\$205	SS-3340
April	\$165	\$15	\$0	\$180	SS-3341
May	\$165	\$15	\$0	\$180	SS-3342
June	\$165	\$15	\$0	\$180	SS-3343

Items in Storage

Category	Approximate Value	Reason for Storage
Furniture	\$15,000	Living areas under repair
Clothing	\$8,000	Closets damaged
Electronics	\$5,000	Protect from construction
Documents	\$2,000	Safekeeping
TOTAL VALUE	\$30,000	

Total Storage Expenses: \$745.00

VII. SECTION E: PET CARE EXPENSES

Pet Information

Pet Name	Type	Age	Special Needs	Normal Care Cost
Max	Dog (Lab)	5	None	\$50/month
Luna	Cat	3	Prescription diet	\$40/month

Additional Pet Expenses

Date Range	Service	Provider	Daily Rate	Total Days	Total Cost	Reason
3/15-3/29	Boarding	Happy Paws	\$45	14	\$630	Hotel no pets
3/29-6/15	Pet Deposit	Apartment	N/A	N/A	\$500	Required
4/1-6/15	Extra Food	Various	N/A	N/A	\$180	Special diet harder to find

Total Additional Pet Expenses: \$1,310.00

VIII. COMPREHENSIVE EXPENSE SUMMARY

Total ALE Calculation

Category	Actual Cost	Normal Cost	Additional Expense	Receipts Attached
Housing	\$13,462.80	\$9,300.00	\$4,162.80	12 receipts
Meals	\$10,027.00	\$3,771.00	\$6,256.00	124 receipts
Transportation	\$2,038.75	\$900.00	\$1,138.75	28 receipts

Category	Actual Cost	Normal Cost	Additional Expense	Receipts Attached
Storage	\$745.00	\$0	\$745.00	4 receipts
Laundry	\$342.00	\$40.00	\$302.00	18 receipts
Pet Care	\$1,400.00	\$90.00	\$1,310.00	8 receipts
Utilities	\$680.00	\$0	\$680.00	6 receipts
SUBTOTAL	\$28,695.55	\$14,101.00	\$14,594.55	200 total

Adjustments

- **Previous ALE Payment Received:** -\$8,250.00
- **Advance Payments to Reconcile:** \$0
- **Credits/Refunds Received:** -\$200.00 (security deposit return)
- **NET AMOUNT DUE:** \$6,144.55

IX. MITIGATION OF ALE EXPENSES

Cost Mitigation Efforts

I have attempted to minimize ALE expenses by:

- ☒ Selecting economical temporary housing (chose apartment over extended hotel)
- ☒ Preparing meals when facilities available (kitchenette in rental)
- ☒ Combining trips to reduce mileage
- ☒ Staying with family/friends when possible (5 nights total)
- ☒ Negotiating extended stay rates (saved \$300/month on rental)
- ☒ Using coupons/discounts for meals (saved approximately \$450)

Cost Savings Achieved

Mitigation Action	Potential Cost	Actual Cost	Savings
Apartment vs. hotel	\$5,670/mo	\$2,800/mo	\$2,870/mo
Meal prep when possible	\$2,500/mo	\$2,085/mo	\$415/mo
Total Savings			\$9,855

X. 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

Signatures

Policyholder Signature

John Thompson

Date: June 20, 2024

Spouse/Co-Insured Signature

Sarah Thompson

Date: June 20, 2024

ATTACHMENTS LIST

1. Housing Documentation

- ☒ Hotel receipts/folios (8 pages)
- ☒ Rental agreement (4 pages)
- ☒ Normal housing costs (3 pages)

2. Meal Documentation

- ☒ Restaurant receipts (124 receipts)
- ☒ Grocery receipts (28 receipts)
- ☒ Normal food budget (2 pages)

3. Transportation Documentation

- ☒ Mileage log (4 pages)
- ☒ Gas receipts (18 receipts)
- ☒ Rental car agreement (3 pages)

4. Other Documentation

- ☒ Storage agreement (2 pages)
- ☒ Utility bills (6 pages)
- ☒ Pet care invoices (8 pages)
- ☒ Laundry receipts (18 receipts)
- ☒ Credit card statements (12 pages)
- ☒ Bank statements (9 pages)

Total Pages: 89

Total Receipts: 200

Claim Reference: SF-2024-12345