

FWUA LOSS-OF-USE WORKSHEET

(ALE / FAIR RENTAL VALUE)

Insured: _____

Is Property Held For Rental? **Yes** **No**

Claim No: _____

If yes, # of months available per year? _____

Phone No. _____

Rental Rate: \$ _____ / month

In Household _____ Full Time; _____ Part Time

Management fee: \$ or % _____ / month

RECEIPTS REQUIRED

EXPENSES	\$ NORMAL \$	\$ INCURRED \$
Housing (mortgage)		
Temporary housing receipts		
Hotel - Apartment		
Utilities		
Electricity / Gas		
Water / Sewer		
Telephone		
Other		
Food		
Residence Food Cost		
Hotel - Restaurant Receipts		
Other		
Services		
Laundry		
Dry Cleaning		
Other		
Transportation		
Automobile, Storage, Fuel		
Taxi, Train, etc.		
Other		
Totals:		
ADDITIONAL LIVING EXPENSE LOSS <i>Deduct Total Normal From Total Incurred</i>		

Signature of Insured

Social Security No.

“Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.”