

SBA-Certified SDVOSB | UEI ZYMKSLLV6DD5 | CAGE 20TP6 | GA Real Estate License #424101 (Johnnie E. Benton, Sr.) — Epique Realty, 888-893-3537

1. CLAIM & POLICYHOLDER INFORMATION

Displaced Policyholder / Occupant

Loss Date

Peril (water / fire / storm / other)

Displaced Property Address

Insurance Carrier

Assigned Adjuster

Claim / Policy Number

Work Order #

Restoration Contractor PM

FORMFIFTY Logistics Lead

2. CARRIER PRE-APPROVAL & ALE COVERAGE BASELINE

Total policy ALE / Loss of Use limit (\$)

Carrier maximum under the policy.

Time limit (days / months)

Policy or statutory duration cap for ALE.

Approved daily lodging rate (\$ / night, excl. tax)

Adjuster pre-approved ceiling.

Meal allowance (\$ / person / day)

Usually applies only when lodging lacks a working kitchen.

Pet boarding (\$ / day and # of pets)

Pre-approval needed if lodging prohibits pets.

Storage / moving allowance (\$ total)

Temporary pack-out and offsite storage of contents.

Mileage / transit allowance

Added commute or school travel above normal.

Kitchen at Lodging

☐ Full kitchen

☐ Kitchenette

☐ No kitchen

Approved By (adjuster name)

Approval Date / Reference

3. AUDIT & RECEIPT RULES

Loss of Use (ALE) coverage generally pays only the **increase** over the household's normal living costs caused by the displacement. Normal expenses (mortgage or rent, routine groceries) stay with the policyholder. Always confirm against the actual policy and the adjuster's written approval.

- **Itemized receipts:** each entry needs a receipt showing item detail, date, merchant, and proof of payment.
- **Proof of occupancy:** hotel folios or rental receipts showing check-in and check-out dates.
- **Commonly excluded:** alcohol, tobacco, clothing, luxury items, and routine mortgage or rent payments.

4. DAILY ITEMIZED EXPENSE LEDGER

Date	Category	Vendor / Merchant	Total Spent \$	Normal Baseline \$	Net ALE \$	Receipt
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached

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	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
	-					☐ Attached
LEDGER TOTALS						

5. OCCUPANT CERTIFICATION & SIGN-OFF

Occupant declaration: I certify that the expenses listed are actual, necessary additional living costs incurred because of displacement after the loss date. I understand that submitting false or inflated expenses to an insurance carrier may constitute insurance fraud under state law.

FORMFIFTY role: FORMFIFTY, LLC provides administrative record-keeping and housing logistics coordination as a sub-tier partner. FORMFIFTY is not a licensed insurance adjuster or public adjuster, does not determine policy coverage, and does not guarantee carrier reimbursement.

DISPLACED OCCUPANT		FORMFIFTY LOGISTICS LEAD	
Signature		Signature	
Printed Name		Printed Name	
Date		Date	