CLAIM # _____

ADDITIONAL LIVING EXPENSE
INSURED'S OWN LABOUR SCHEDULE

DATE Day/Mon./Yr.	NAME	DESCRIPTION OF WORK COMPLETED	HOURS WORKED FROM __ A.M./P.M. TO __ A.M./P.M.	= # OF HOURS	X $10.00 /HOUR	TOTAL

INSURED'S SIGNATURE _____

LC106 (03/06)

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