SASKATCHEWAN MUTUAL INSURANCE COMPANY

PROVIDING PEACE OF MIND 100 YEARS & BEYOND

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 $15.00 /HOUR	TOTAL

INSURED'S SIGNATURE _____

LC106 (03/06)

279 3rd Ave N., Saskatoon, Saskatchewan ▪ S7K 2H8 ▪ PH (306) 653-4232 ▪ FX (306) 934-6889
e-mail: claims@saskmutual.com