

[Sample Letter For Wildfire-Impacted Standing Homeowners Requesting Extension of Additional Living Expense/Loss of Use Policy Benefits](#)

NOTE: The sample letter below must be customized to the facts of your individual situation and claim. **All portions that are in brackets, bolded and/or underlined must be customized/edited before you send it.** ([PRINT AS PDF](#))

(Date)

(Name of adjuster or highest-ranking ins. co. employee)

(Name of Insurance Co.)

(Address)

Re:

Claim Number: _____

Date of Loss: _____

Name of Insured: _____

Address of Insured Property: _____

The information presented in this publication is for general informational purposes and is not a substitute for legal advice. If you have a specific legal issue or problem, United Policyholders recommends that you consult with an attorney. Guidance on hiring professional help can be found in the "Find Help" section of www.uphelp.org. United Policyholders does not sell insurance or certify, endorse or warrant any of the insurance products, vendors, or professionals identified on our website.

Source:

<https://uphelp.org/claim-guidance-publications/sample-letter-for-wildfire-impacted-standing-homeowners-requesting-extension-of-additional-living-expense-loss-of-use-policy-benefits/> Date: May 15, 2026

Dear _____,

We are writing with an urgent request that [Name of Insurer] immediately [continue/restore/extend] policy benefits for the expenses we're incurring due to having lost the use of our home. Please respond and confirm this request has been granted no later than 15 days from today's date.

As you know, our home suffered a covered loss and damage from the [_____] Wildfire that made it uninhabitable. (Insert details on the fire and damage to your home, e.g. # of days it burned, area it impacted, total losses near your home, char, ash, soot, heavy metals, combustion byproducts, smoke smell inside your home). As a result of the damage, we are continuing to have to pay additional living expenses (list as applicable, e.g. rent, increased utility, gas, food costs) Our policy covers these expenses.

Although we have cooperated fully in your handling of our claim, we have not gotten written documentation and assurance from a qualified expert confirming that our home has been restored to a safe and habitable condition. Although we very much want to return home, we have no choice but to continue living in a temporary residence until we get reliable documentation and assurances from qualified, reputable professionals that it is safe.

(Insert if your insurer has refused to pay for testing, caused delays and/or rejected findings from an Industrial Hygienist or related professional, modify to fit your facts): By refusing to retain, authorize or pay for testing to determine a plan for cleaning, remediation and restoration, and/or by failing to timely retain qualified professionals to do the necessary work, and/or by rejecting or making unreasonable changes to an independent professional's report or recommendations, your company's approach to adjusting our claim has caused delays that were beyond our control.

Because [insert Name of insurer] caused claim adjusting delays that prevented us from returning to a safe and habitable home, we are writing to respectfully request that loss of use expenses in excess of our policy limit for those expenses be absorbed by your company as claim investigation expenses.

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(Insert if applicable) You previously informed us that benefits would not be paid beyond (insert date). We respectfully disagree with that position. Being told to return to an unsafe home has compounded the trauma of the disaster and taken a toll on our emotional well-being].

Please confirm that you will (extend or restore) our ALE/Loss of Use benefits as requested above.

Thank you for your prompt attention to this matter. We look forward to resolving our insurance claim with your company amicably and informally, but will pursue all available avenues of relief to protect the health and safety of our household and restore the value of our property.

Sincerely,

YOUR NAME

MAILING ADDRESS

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