

## Sample Letter Requesting Information About Insurance Benefits for Temporary Living Expenses ("ALE" or "Loss of Use")

NOTE: This letter is a sample that must be customized to fit the facts of your individual situation and claim. All bracketed and underlined portions must be completed or revised before sending. Use this letter to request information about what temporary living expenses the insurance company will pay for under your policy. In California, insurance companies are required to provide you with a list of allowable living expenses upon request. Not all states have this requirement. (<u>PRINT THIS LETTER AS A PDF</u>.)

(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:
Dear,

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 <u>www.uphelp.org</u>. 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-requesting-information-about-insurance-benefits-for-temporary-liv ing-expenses-ale-or-loss-of-use/ Date: March 30, 2025



Please provide [me/us] with a list of the expenses that are typically reimbursable under the Additional/ Temporary Living Expenses portion of [my/our] homeowner's policy.

Please send this list within fifteen (15) calendar days to the mailing address below, along with any written procedures, explanation of other benefits, and instructions on how to submit a claim for reimbursement related to Additional Living Expenses.

Thank you, in advance, for your prompt handling of this request.

Sincerely,

YOUR NAME

MAILING ADDRESS

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