

## Homeowners loss of use claims questions

Customers often find they have questions about what they should do in the event they cannot stay in their home following a loss. Having to leave your home is never easy and we understand the disruption this may cause. We hope the following information will help answer some of those questions. Your Safeco claims representative will be happy to answer any additional questions you may have.

### Where can I find information about the Loss Of Use coverage I have available to me?

Your Safeco Quality-Plus Homeowners Policy has specific coverage details under Section 1, Coverage D – Loss of Use. It is important to understand that Loss of Use coverage only applies when your home becomes uninhabitable resulting from a covered loss. Your Safeco claims representative is also an excellent resource for answering policy specific questions.

### Am I responsible for any deductible?

No deductible applies to Loss of Use coverage. However, you may be responsible for a deductible for other parts of your claim.

### Are there any restrictions for where I stay or for how long?

Your Safeco claims representative can give you advice on finding a place to stay. Depending on how long you'll be displaced from your home, there are different options available. Your Safeco claims representative is a good resource for this.

### What Loss Of Use expenses will Safeco reimburse me for?

Loss of Use coverage covers any Additional Living Expense, meaning any *necessary expense* that *exceeds* your normal standard of living. For example, you normally spend \$300 per month for groceries. While your home is being repaired, you spend \$400 a month since you have to dine out vs. cook at home. Your policy will cover the \$100 difference. Examples of expenses may include but are not limited to:


- Hotel or rental home charges
- Food and utility expenses
- Additional car mileage

### How do I receive reimbursement for my Additional Living Expenses?

Your Safeco claims representative will request that you keep all additional living expense receipts. Payment is made after you *incur* the expense. Your representative will review the receipts and issue payment for only the covered expenses that exceed your "Normal Living Expenses". The form on the next page will help to establish what your "Normal Living Expenses" are.

### Am I covered for loss of rent if my rental property becomes uninhabitable?

Loss of Use coverage may provide reimbursement for the loss of rental income. Your Safeco claims representative can discuss this coverage with you further.



*How can I switch my Auto and other insurance policies to Safeco?*

- *Please contact your Safeco Agent for a quote, or go to [www.Safeco.com](http://www.Safeco.com).*

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■ PROPERTY LOU CLAIMS FAQ

To help your Safeco claims representative determine what your "Normal Living Expenses" are, please complete the following worksheet. It should be completed as soon as possible to establish a baseline for your normal expenses and process your claim. You should include a copy of this page with the receipts that you send to Safeco. Please retain a copy of any and all receipts until the settlement of your claim is finalized. If you should have additional questions regarding how to complete this form or regarding expense types that are not listed, please contact your Safeco claims representative.

Claim No. \_\_\_\_\_ Policy No. \_\_\_\_\_

Policy Address: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_

**Normal Living Expense (Per Month)**

**Housing:**

Mortgage or Rent: \$ \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_  
 Insurance: \$ \_\_\_\_\_

**Utilities:**

Home Heating Cost (Gas or Oil Amount): \$ \_\_\_\_\_  
 Electricity: \$ \_\_\_\_\_  
 Telephone (please include Home and Cellular): \$ \_\_\_\_\_  
 Cable, Satellite, Internet: \$ \_\_\_\_\_  
 Water: \$ \_\_\_\_\_  
 Garbage Removal: \$ \_\_\_\_\_

**Services:**

Laundry / Dry Cleaning: \$ \_\_\_\_\_  
 Other (Please List) \_\_\_\_\_ \$ \_\_\_\_\_

**Transportation:**

Public Transportation (Taxi, Bus, Train): \$ \_\_\_\_\_  
 Policy Holder – Number of Miles to Work: \_\_\_\_\_  
 Spouse – Number of Miles to Work: \_\_\_\_\_  
 Dependant – Number of Miles to School/Work: \_\_\_\_\_

**Food: (please list the Weekly Average when dining out below)**

Policy Holder:	Spouse:
Average Breakfast Cost? \$ _____	Average Breakfast Cost? \$ _____
Average Lunch Cost? \$ _____	Average Lunch Cost? \$ _____
Average Dinner Cost? \$ _____	Average Dinner Cost? \$ _____

Dependants:	Entire Household: <b>(Per Week)</b>
Average Breakfast Cost? \$ _____	Average Grocery Cost? \$ _____
Average Lunch Cost? \$ _____	
Average Dinner Cost? \$ _____	

To the best of my knowledge, the above figures closely approximate my/our "Normal Living Expenses" each month.

Insured: \_\_\_\_\_ Insured: \_\_\_\_\_