

# EXPENSES

Service Provided: Services Were Not Provided Prior To Date of Loss

|                                       |                                         |                                    |
|---------------------------------------|-----------------------------------------|------------------------------------|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Attendant Care | <input type="checkbox"/> Caregiver |
|---------------------------------------|-----------------------------------------|------------------------------------|

## INSURED INFORMATION

|              |       |
|--------------|-------|
| Name         | Phone |
| Address      |       |
| Date of Loss |       |

## SERVICE PROVIDER INFORMATION

|         |  |  |
|---------|--|--|
| Name    |  |  |
| Address |  |  |
| Phone   |  |  |

## SERVICES PROVIDED

|             | MONTH | DAY | YEAR |           | MONTH | DAY | YEAR |
|-------------|-------|-----|------|-----------|-------|-----|------|
| <b>From</b> |       |     |      | <b>To</b> |       |     |      |
|             |       |     |      |           |       |     |      |
|             |       |     |      |           |       |     |      |

|                       |                   |                |          |
|-----------------------|-------------------|----------------|----------|
| <b>Housekeeping</b>   | Weekly Rate = \$  | Total Weeks =  | Amount = |
| <b>Attendant Care</b> | Monthly Rate = \$ | Total Months = | Amount = |
| <b>Caregiver</b>      | Weekly Rate = \$  | Total Weeks =  | Amount = |

Total Amount = \$ \_\_\_\_\_

| <u>HOUSEKEEPING</u>  |              |  | <u>ATTENDANT CARE</u> |  | <u>CAREGIVER</u>   |  |                      |  |
|----------------------|--------------|--|-----------------------|--|--------------------|--|----------------------|--|
| Dusting              | Dishes       |  | Please See Form 1     |  | Feeding            |  |                      |  |
| Vacuum               | Cooking      |  |                       |  | Bathing            |  |                      |  |
| Mopping              | Grocery      |  |                       |  | Playing            |  |                      |  |
| Sweeping             | Ironing      |  |                       |  | Dressing           |  |                      |  |
| Bed making           | Laundry      |  |                       |  | Supervising        |  |                      |  |
| Bath Room            | Garbage      |  |                       |  | Reading            |  |                      |  |
| Kitchen              | Appliances   |  |                       |  | Take Kids Out      |  |                      |  |
| Dinning Room         | Living Room  |  |                       |  | Clean Up           |  |                      |  |
| Oven                 | Refrigerator |  |                       |  | Home Work          |  |                      |  |
| Sewing               | Gardening    |  |                       |  | Bed Time           |  |                      |  |
| Snow Shovel          | Cut Grass    |  |                       |  | To and From School |  |                      |  |
| Total Hrs Per Week = |              |  |                       |  |                    |  | Total Hrs Per Week = |  |

I certify that the information provided is true and correct.

|                         |             |                  |
|-------------------------|-------------|------------------|
| <b>SERVICE PROVIDER</b> | <b>DATE</b> | <b>SIGNATURE</b> |
|                         |             |                  |