

NORMAL EXPENSES

Insured: _____

Claim: _____

Utilities

Gas: \$ _____ per month

Oil: \$ _____ per month

Electric: \$ _____ per month

Telephone: \$ _____ per month

Cell Phone: \$ _____ per month

Cable: \$ _____ per month

Water/Sewer: \$ _____ per quarter or per month

Internet Service: \$ _____ per month

Meals

Prepared at Home \$ _____ per week or per month

Meals Eaten Out: \$ _____ per week or per month

Housing

Mortgage/Rent Payment: \$ _____ per month

Misc.

Laundry &/or Dry-cleaning: \$ _____ per month

Transportation/Fuel Costs: \$ _____ per month

Pet Costs: \$ _____ per month

Other: \$ _____ per month

Signature: _____

Date: _____