



Additional Living Expense Request Form

Email this document and information to claimpayALE@southernfidelityins.com

Policyholder Information

Insured Name: _____

Claims Number: _____

Policy Number (if known): _____

Insured Email Address: _____

Insured Cell Phone: _____

Electronic Funds Transfer

If the insured is interested in electronic funds transfer of payments, please provide the following:

Name of your Bank: _____

Routing Number: _____

Account Number: _____

***Below you will also be asked to provide a voided check as an attachment.**

Required Documents

We require the following attachments from insured to process payment:

- Receipts of all expenses, hotel, food, gas, etc.
- Voided check for Electronic Funds Transfer
- Photos of storm damage to the property

All payments made for a claim and additional living expense are subject to policy terms, limits and conditions.