



Additional Living Expense Request Form

Email this form and additional documents to claimpayALE@southernfidelityins.com

Policyholder Information

Insured Name: _____

Claim 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: _____

If banking information is left blank, a check will be mailed to the address listed on your policy. If you are unable to return to this address or are staying at alternative housing, please contact your adjuster and provide an alternate address.

Email this completed form along with your receipts for expenses such as hotel, food, gas, etc. to claimpayALE@southernfidelityins.com. A copy of a voided check will be required to complete setup of Electronic Funds Transfer. Please reference your claim number in the subject line.

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