ELECTRICAL USAGE LOG

Name:_____ Claim #: _____

START DATE	EQUIPMENT TYPE	NUMBER OF UNITS IN OPERATION	END DATE (max 4 days)	OFFICE USE ONLY
eg. Jan. 7/20	Airmover/Fan	1	Jan. 9/20	
eg. Jan. 8/20	Dehumidifier	2	Jan. 9/20	

Signature _____.

PLEASE NOTE: My Mutual can pay for electrical usage up to 4 days as per IICRC drying standards. Any equipment in operation after 3 days requires monitoring by the restoration company. *If still in operation after 3 days please contact your restoration company* to attend & obtain humidity readings & seek approval for additional drying time if required. Extra drying time above industry standards will not be reimbursed.

My Mutual Insurance | 3033 Central Ave, Box 190 | Waldheim, SK | S0K 4R0 | Ph: 306 945 2239
Fax: 306 945 4666 | Email: hello@mymutualinsurance.ca | www.mymutualinsurance.ca