HOMEOWNERS LABOUR

Name: _____ Claim #: _____

DATE	DESCRIPTION OF WORK	TIME IN HOURS	NAME - LABOURER

Please fill in all columns in detail TOTAL HOURS: _____

Name: _____ Signature:_____ Date:_____

My Mutual Insurance will pay for fair and reasonable hours for:
removal of water, removal of damaged building materials, temporary repairs to prevent further damage, removal of damaged contents, packing and moving of undamaged contents, cleaning of items that got wet but are undamaged.

My Mutual Insurance will not pay for:
repairs to cause of loss, time off work, travel to purchase supplies, meeting with/contacting adjuster or contractors, sorting of contents, listing of contents, handling of contents in unaffected areas, cleaning of unaffected contents, phone calls, trips to replace damaged contents.