HOMEOWNERS LABOUR

Name: _____ Claim #: _____

DATE	DESCRIPTION OF WORK	TIME IN HOURS	NAME - LABOURER
Please fill in all columns in detail HOURS	TOTAL		

Name: _____ Signature: _____ Date: _____

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

My Mutual Insurance <u>does not</u> pay for hours spent on:
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, unpacking contents, phone calls, trips to replace damaged contents, cleaning up after contractors, work approved to be completed by contractors.

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