

SALAE APPROVAL REQUEST FORM

WYO COMPANY: A	
POLICYHOLDER: B	POLICY NUMBER: C
DATE OF LOSS: D	CLAIM NUMBER: E
CASE NAME: (Litigation only) F	

	Building	Contents
Policy Limits	_____ G _____	_____ G _____
Policy Deductibles	_____ H _____	_____ H _____
Total Claim Payments	_____ I _____	_____ I _____

Expense Type: 1 Expert
 2 Adjuster
 3 Litigation
 4 Appraisal/Examination Under Oath

[K] This request is for INTERIM APPROVAL of incurred expenses to date.

[L] This request is for FINAL APPROVAL when the case has been settled and final billing.

Total amount of this expense type to date: \$ _____ **M** _____

Deduct the applicable scheduled fee (for Type 2 only): \$ _____ **N** _____

Deduct total expense amounts previously approved: \$ _____ **O** _____

This request is for approval of this amount: \$ _____ **P** _____

Explanation of Expense (attach pertinent documentation and additional comments as necessary:

Q

DATE OF REQUEST: R	NAME & TITLE OF REQUESTOR: S
REQUESTOR'S MAILING ADDRESS: T	