CLAIM NUMBER _____

INSURED _____

INJURED PERSON _____

STATEMENT OF SERVICES

I performed the following duties for _____ on the days listed below: (Please indicate the amount of time which it took to perform the duties listed below. At the bottom of the column for each day total the number of hours per day.

DUTY PERFORMED	SUN	MON	TUE	WED	THUR	FRI	SAT
HOUSECLEANING							
COOKING & CLEANING							
WASHING CLOTHES							
YARD & GARDEN WORK							
VEHICLE MAINTENANCE							
SHOPPING							
ERRANDS							
CARE OF ANIMALS							
CHILDCARE							
OTHER (EXPLAIN)							
TOTAL HOURSE PER DAY							
WEEK ENDING			**TOTAL HOURSE PER WEEK**				

_____

Signature of Person Doing the Work

_____

Social Security Number

_____

Signature of Person Doing the Work

_____

Social Security Number