

AMENDED CLAIM

Page 1 of 57

CLAIM AGAINST THE CITY OF BERKELEY

02a

Closed Session Item

CITY OF BERKELEY - CITY CLERK

2024 FEB 27 PM2:19

CLAIMANT'S NAME: Jane Hysen/CSAA Insurance Exchange

CLAIMANT'S COMPLETE ADDRESS: 2216 Carleton St, Berkeley, CA 94704

SEND NOTICES TO: CSAA Insurance Exchange, PO Box 24523, Oakland, CA 94623

Received

(Include complete name and address of Attorney or Insurance Agent if representing Claimant.)

TELEPHONE NUMBER(S): 7027905351

City Attorney

DATE OF ACCIDENT/INCIDENT: 08/29/2023 TIME: 12:00AM DAY OF WEEK: Tuesday

DATE OF INJURIES, DAMAGES OR LOSSES: 08/29/2023

LOCATION WHERE INCIDENT OCCURRED: 2216 Carleton St, Berkeley, CA 94704

(Be specific. Draw diagram or give nearest street address.)

HOW DID THE ACCIDENT/INCIDENT OCCUR: A branch from a tree owned by the City of Berkeley fell and damaged a power line and weather guard attached to our insured's home.

DESCRIBE INJURY OR DAMAGE: Damage to exterior siding and electrical. (Be specific as to what caused the injury or damage.)

NAME OF PUBLIC EMPLOYEE(S) OR CITY DEPARTMENT BELIEVED TO BE INVOLVED:

IF APPLICABLE, DATE REPORTED TO POLICE DEPARTMENT: N/A REPORT NO.: N/A

NAME OF CITY DEPARTMENT REPORTED: N/A DATE: N/A

DOLLAR AMOUNT OF CLAIM IF UNDER \$10,000, OR IF OVER \$10,000 THEN NAME OF THE COURT JURISDICTION (Limited Jurisdiction case: up to \$25,000; Unlimited Jurisdiction case: over \$25,000) (See Govt. Code section 910(f)):

\$5,558.10 NEW TOTAL: \$17,843.58

HOW WAS THIS AMOUNT CALCULATED: Please refer to repair estimate attached.

You are required to provide the information requested above in order to comply with Government Code section 910. Additionally, in order to conduct a timely investigation and possible resolution of your claim, the City requests that you answer the following questions.

Page 2 of 57  
**AMENDED CLAIM**  
**CLAIM FILING PROCEDURES**

1. Please read this instruction sheet carefully before completing the claim form. Then fill out the claim form as completely as possible. **Incomplete forms may delay the processing of your claim.**
2. You have **six (6) months** from the date of the accident or occurrence to file a claim for personal injury or damage to personal property. After the 6-month filing period has expired, you must petition the City Attorney by letter for permission to file a late claim, explaining why the claim is late and why it should be accepted.  
Please file all claims with **City Clerk's Office, City of Berkeley, 2180 Milvia St., 1<sup>st</sup> Fl., Berkeley, CA 94704**. Claims are not accepted via electronic or facsimile transmission.
3. After receipt of your claim and a subsequent investigation of the incident, your claim may either be allowed or rejected. You will be informed of the City's decision by mail usually within **forty-five (45) days** from the filing date of the claim.

4. **TOW CLAIMS.** With regard to tow claims:

(1) **In some cases, you may elect to leave your car at the towing company and request a tow hearing before the Berkeley Police Department's Traffic Bureau Supervisor or one of his/her designee.** California Vehicle Code Section 22852 provides that the request for a tow hearing must be made within 10 days of the date on the "NOTICE OF STORED VEHICLE" form mailed by the Police Department. The tow hearing will be scheduled within 48 hours of the request, excluding weekends and holidays.

**Tow hearings must be requested at the Police Department's Traffic and Parking Bureau**, located at 125 University Avenue, Berkeley, CA 94710, weekdays, except holidays, between 8:00 a.m. and 4:30 p.m. Phone: (510) 981-5980.

The purpose of the hearing is to determine the validity of the tow and storage. If the Traffic Supervisor or his/her designee determines that the tow was not justified, your vehicle will be released to you without charge. If the Traffic Bureau Supervisor or his/her designee determines that the tow is valid, you will be liable for towing charges plus the additional storage charges.

(2) **In all cases, you may pay the tow fee**, which will release your car from the towing company, and then file a claim for reimbursement of the tow fee (and reasonable storage fees). **You must attach a copy of the paid tow and storage receipt.** Unreasonably excessive storage fees may be subject to denial.

Claims for reimbursement of towing costs must be filed within six (6) months of the date of the tow, and all of the above procedures (Numbers 1-3) also apply.

**PLEASE NOTE: If you choose to follow procedure 4(2), the dismissal or waiver of a related parking citation does not guarantee reimbursement of towing and storage fees by the City.**

**YOU MAY NOT CLAIM REIMBURSEMENT FOR A PARKING CITATION** in connection with or as part of, a tow claim; this is a separate matter and must be handled through the Parking Citation Center.

**PROCEDURES FOR CONTESTING A PARKING CITATION ARE PRINTED ON THE BACK OF YOUR CITATION** and are available at

[https://prdwmq.etimspayments.com/pbw/include/berkeley/dispute\\_request.jsp](https://prdwmq.etimspayments.com/pbw/include/berkeley/dispute_request.jsp)

If you have any questions, you may contact the City Attorney's Office at (510) 981-6998.

Claimant(s) Date(s) of Birth: N/A

Names, address and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

N/A

If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:

N/A

If the claim involves medical treatment, please state whether the Claimant received any treatment through Medicare or SSDI.

N/A

If applicable, please attach any medical bills or reports or similar documents supporting your claim.

**If the claim relates to an automobile accident:**

Claimant(s) Auto Ins. Co: N/A Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

Insurance Broker/Agent: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Claimant's Vehicle Lic. No.: \_\_\_\_\_ Vehicle Make/Year: \_\_\_\_\_

Claimant's Drivers Lic. No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

(If applicable, please attach any repair bills, estimates or similar documents supporting your claim.)

**(If additional space is needed to provide your information, please attach sheets, identifying the paragraphs(s) being answered.)**

**Warning:** Presentation of a false claim is a felony (Penal Code section 72). Pursuant to CCP sections 128.5 and 1038, the City may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

**MAIL TO: City Clerk's Department, City of Berkeley, 2180 Milvia St., 1st Fl., Berkeley, CA 94704: (510) 981-6950**

If this is a claim for a tax refund or a seismic work transfer tax rebate, it must be filed directly with the Finance Dept. at 1947 Center St., 1<sup>st</sup> Fl., Attn: Revenue Collection, Berkeley, CA 94704, not with City Attorney Dept.

Dated: 09/11/2023

Daniel Houchins

Signature of Claimant  
Daniel Houchins, CSAA Subrogation Specialist

Printed Name







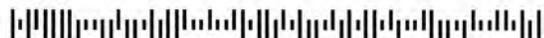
PO Box 24523  
Oakland, CA 94623-1523  
Phone 888.279.5694  
Fax 877.548.1610

CITY OF BERKELEY - CITY CLERK  
2024 FEB 27 PM 2:19



000020 4746250 000 05 001

CITY CLERK'S OFFICE, CITY OF BERKELEY  
2180 MILVIA ST.  
1ST FL.  
BERKELEY, CA 94704



Received

FEB 27 2024

City Attorney

February 14, 2024

Re: Insured: Jane L Hysen  
Claim No.: 1005-35-0683  
Date of Loss: August 29, 2023

Dear City Clerk's Office, City of Berkeley:

This will confirm our subrogation interest arising from this loss. We have settled the claim with our insured and based on the known facts, request that you remit payment for this loss directly to: CSAA Insurance Exchange at PO Box 60219, Los Angeles, CA 90060-0277.

After investigating this matter, we determined the following:

A tree branch from a tree owned by the City of Berkeley fell and caused damage to our insured's property. This is an updated subrogation demand that includes a repair supplement and a Loss of Use supplement. Amended Claim Form is attached.

Based upon this information, we ask that you issue payment for the following:

Dwelling	\$	9,687.58
Deductible	\$	500.00
Other Out of Pocket	\$	
Loss Of Use	\$	7,656.00
<b>Total</b>	\$	<u>17,843.58</u>

Please be advised that any payment in an amount less than that set forth in this letter that is forwarded to CSAA Insurance Exchange ("AAA") without its prior acceptance of such payment will not constitute a full and final settlement of this claim and will be accepted as partial payment only. Because payments received in the mail are processed and deposited as a matter of course without examination, payments for less than the full amount demanded may be processed inadvertently. Although such payments may be marked as "payment in full" or have other words of similar meaning written on them, the processing of such payment will not constitute an accord and satisfaction of this claim, because AAA has not agreed to acceptance of such payment.

If you have any questions, please feel free to call me at the number below.

Thank you again for your cooperation and best regards.



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Sincerely,

*Daniel Houchins*

Daniel Houchins  
Claims Representative  
Phone: 888-279-5694 Ext.: 7905351



P.O. Box 24523  
 Oakland, CA 94623-1523  
 Phone 800.922.8228  
 Fax 877.548.1610

JAMES GROW  
 2216 CARLETON ST  
 BERKELEY, CA 94704-3225

Offer of Payment

Check No.: 0719534306		Insured: Jane Hysen		
Claim No.: 1005-35-0683		Policy No.: CAH3105283919	Adjuster: Miya Gonzalez	
Exposure: (1) 1st Party Dwelling - Jane Hysen - A-Dwelling - Claim Cost - Dwelling Damage				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
09/11/2023	Less HO Deductible, Replacement Cost Value	\$5,058.10	*****	\$5,058.10
Payee: James Grow				
Invoice/EOB #:		Dates of Service:		
Comments: Repairs, less deductible.				
Payment Method: Zelle		Date of Loss: 08/29/2023	Loss Type: Homeowners	

Policy issued by CSAA Insurance Exchange

Please detach before presenting for payment



CSAA Insurance Exchange  
 P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

CHECK NO. 0719534306  
 70-2328 / 719 IL

POLICY NO.  
 CAH3105283919

Exactly Five thousand fifty eight and 10/100 Dollars\*\*\*\*\*

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
Jane Hysen	08/29/2023	1005-35-0683	09/11/2023	***\$5,058.10

Pay James Grow  
 To  
 The  
 Order  
 Of

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group

AUTHORIZED SIGNATURE



00020 4746950 000345 000685 0002/0028



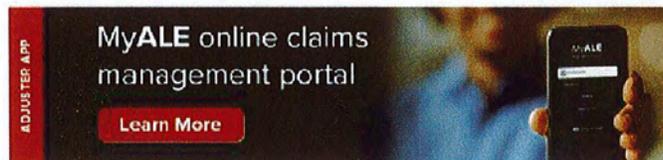
**From:** "Leslie Mowers" <Leslie.Mowers@alesolutions.com>  
**Date:** 10/04/2023 1:39:18 PM  
**To:** ">My Claim" <MyClaim@csaa.com>  
**Subject:** [EXTERNAL] 1005-35-0683 / Hysen, Jane  
**Attachments:** 1005-35-0683 FRV.pdf

External Email

FRV

**ale** | SOLUTIONS

**Leslie Mowers**  
National Account Manager  
Toll Free: 866-885-9785  
Direct: 630-444-7919





**DATE:** 10/4/2023  
**TO:** Miya Gonzalez / CSAA Insurance Group  
**EMAIL:** Miya.Gonzalez@csaa.com  
**FROM:** ALE Solutions, Inc.

**RE: Fair Rental Value Request for:**

Jane Hysen  
Claim Number: 1005-35-0683

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**Address:** 2216 Carleton Street, Berkeley, CA 94704

A comparable un-furnished 3 bedroom (1989 square foot) rental property in the Berkeley, CA area will cost approximately: **\$175/day or \$5,250/month**

A comparable furnished 3 bedroom (1989 square foot) rental property in the Berkeley, CA area will cost approximately: **\$232/day or \$6,960/month**

**NOTE:** Pricing is based on an average in the area and NOT on available properties.  
The above pricing is based on an average of rentals in the area for a 12 month lease term and does not include any fees associated with temporary housing companies.

Thank you for calling ALE Solutions, Inc. Should you have any questions, please feel free to call **866-885-9785**.

Thanks,

ALE Solutions, Inc.



PO Box 24523  
Oakland, CA 94623-1523  
Phone 800.922.8228  
Fax 877.548.1610

JANE L HYSEN  
2216 CARLETON ST  
BERKELEY, CA 94704-3225

December 29, 2023

Re: Insured: Jane L Hysen  
Claim No.: 1005-35-0683  
Date of Loss: August 29, 2023

Dear Jane L Hysen:

As part of your claim, we recently made the following offer(s) of payments:

Payee	Amount	Description
James Grow	\$4,629.48	Coverage A - Dwelling: Payment for electrical and gutter/downspout supplement

If you are the payee listed above, your endorsement of the check(s) represents acceptance of the offer(s) of payment, but does not constitute a release of this claim.

At CSAA Insurance Exchange, we strive to clearly communicate with our policyholders in order to efficiently handle their claims. If you have any questions about this/these payment(s) or your claim, please do not hesitate to contact me.

Thank you for your continued business.

Sincerely,

*Miya Gonzalez*

Miya Gonzalez  
Claims Representative  
Phone: 888-335-2722 Ext.: 1201852

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**CSAA Insurance Exchange**

AAA Insurance  
underwritten by CSAA Insurance Exchange  
PO Box 22221 Oakland, CA 94623-2221

Insured: Jane Hysen  
Property: 2216 CARLETON ST  
BERKELEY, CA 94704  
Home: 2216 Carleton St  
Berkeley, CA 94704-3225

Home: (510) 841-4763  
Business: (510) 465-8883  
E-mail: jgrow94704@yahoo.com

Claim Rep.: Miya Gonzalez

Business: (888) 335-2722  
E-mail: Miya.Gonzalez@csaa.com

Claimant: Jane Hysen  
Home: 2216 Carleton St  
Berkeley, CA 94704-3225

Home: (510) 841-4763

Estimator: Gonzalez, Miya

Business: (888) 335-2722 x 1201852  
E-mail: miya.gonzalez@csaa.com

**Claim Number:** 1005-35-0683

**Policy Number:** CAH3105283919

**Type of Loss:** MISC OTHER

Date Contacted: 9/11/2023 9:33 AM

Date of Loss: 8/29/2023 12:00 AM

Date Received: 8/30/2023 1:33 PM

Date Inspected: 8/31/2023 9:33 PM

Date Entered: 9/11/2023 9:04 AM

Date Est. Completed: 9/11/2023 9:35 AM

Price List: CAEB8X\_SEP23  
Restoration/Service/Remodel

Estimate: JANE\_HYSEN

The enclosed estimate related to your dwelling and/or other structure outlines the repairs that are approved for this claim. If you are using a contractor to complete repairs, please provide them with a copy of this estimate. If your contractor has questions regarding this estimate and/or if additional damage is discovered related to your claim, have them contact us prior to starting the repairs

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**CSAA Insurance Exchange**

AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221

**JANE\_HYSEN**

**JANE\_HYSEN**

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
1. Haul debris - per pickup truck load - including dump fees									
1.00 EA	232.81	0.00	46.56	279.37	0/NA	Avg.	NA	(0.00)	279.37
<b>Total: JANE_HYSEN</b>		<b>0.00</b>	<b>46.56</b>	<b>279.37</b>				<b>0.00</b>	<b>279.37</b>

**Electrical**

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
2. Electrical Repairs - Green Integrations and Management Inc*									
1.00 EA	8,000.00	0.00	0.00	8,000.00	0/NA	Avg.	0%	(0.00)	8,000.00
Orig. Desc. - Electrical Repairs - Per Strike Check Evaluation									
<b>Totals: Electrical</b>		<b>0.00</b>	<b>0.00</b>	<b>8,000.00</b>				<b>0.00</b>	<b>8,000.00</b>

**Dwelling Exterior**

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
<b>THIS IS A ROUGH ESTIMATE OF EXTERIOR REPAIRS&gt; SUPPLEMENT MAY BE NEEDED ONCE CONTRACTOR ESTIMATE IS RECEIVED.</b>									
3. R&R Siding - cedar shingle									
10.00 SF	12.79	6.36	26.86	161.12	0/100 yrs	Avg.	0%	(0.00)	161.12
4. Seal & paint wood siding									
20.00 SF	2.74	1.27	11.22	67.29	10/15 yrs	Avg.	66.67%	(8.27)	59.02
5. R&R Soffit & fascia - wood - 4' overhang									
3.00 LF	33.26	3.52	20.66	123.96	0/150 yrs	Avg.	0%	(0.00)	123.96
6. R&R Siding trim - 1" x 4" hardboard trim board									
3.00 LF	9.13	0.49	5.58	33.46	0/100 yrs	Avg.	0%	(0.00)	33.46
7. Prime & paint exterior soffit - wood									
6.00 SF	3.38	0.36	4.14	24.78	10/15 yrs	Avg.	66.67%	(2.36)	22.42
8. R&R Timber beam, 6x8									
2.00 LF	23.56	2.26	9.88	59.26	0/150 yrs	Avg.	0%	(0.00)	59.26
9. Seal & paint wood beam									
48.00 SF	2.99	1.53	29.00	174.05	10/15 yrs	Avg.	66.67%	(9.92)	164.13
10. R&R Trim molding - 3 1/4" hardwood*									
3.00 LF	11.32	1.49	7.10	42.55	0/150 yrs	Avg.	0%	(0.00)	42.55
11. Seal (1 coat) & paint (1 coat) trim									
3.00 LF	2.18	0.05	1.32	7.91	10/15 yrs	Avg.	66.67%	(0.30)	7.61
12. Gutter / downspout - Detach & reset									
50.00 LF	6.51	0.00	65.10	390.60	0/NA	Avg.	0%	(0.00)	390.60



**CSAA Insurance Exchange**

AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221

**CONTINUED - Dwelling Exterior**

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
<b>13. Prime &amp; paint gutter / downspout</b>										
50.00	LF	2.44	1.49	24.70	148.19	0/15 yrs	Avg.	0%	(0.00)	148.19
<b>Totals: Dwelling Exterior</b>		<b>18.82</b>	<b>205.56</b>	<b>1,233.17</b>				<b>20.85</b>	<b>1,212.32</b>	

**Labor Minimums Applied**

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
<b>14. Siding labor minimum</b>										
1.00	EA	248.84	0.00	49.76	298.60	0/NA	Avg.	0%	(0.00)	298.60
<b>15. Painting labor minimum</b>										
1.00	EA	15.96	0.00	3.20	19.16	0/NA	Avg.	0%	(0.00)	19.16
<b>16. Finish carpentry labor minimum</b>										
1.00	EA	296.64	0.00	59.32	355.96	0/NA	Avg.	0%	(0.00)	355.96
<b>Totals: Labor Minimums Applied</b>		<b>0.00</b>	<b>112.28</b>	<b>673.72</b>				<b>0.00</b>	<b>673.72</b>	
<b>Line Item Totals: JANE_HYSEN</b>		<b>18.82</b>	<b>364.40</b>	<b>10,186.26</b>				<b>20.85</b>	<b>10,165.41</b>	

[%] - Indicates that depreciate by percent was used for this item

[M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item

**Additional Charges**

	<b>Charge</b>
California Lumber Assessment Fee	1.10
<b>Additional Charges Total</b>	<b>\$1.10</b>

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**CSAA Insurance Exchange**

AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221

**Summary for A-Dwelling**

Line Item Total	9,803.04
California Lumber Assessment Fee	1.10
Material Sales Tax	18.82
	9,822.96
Subtotal	9,822.96
Overhead	182.31
Profit	182.31
	<b>\$10,187.58</b>
<b>Replacement Cost Value</b>	
Less Depreciation	(20.85)
	<b>\$10,166.73</b>
<b>Actual Cash Value</b>	
Less Deductible	(500.00)
Less Prior Payment(s)	(5,058.10)
	<b>\$4,608.63</b>
<b>Net Claim Remaining</b>	
	<b>\$4,608.63</b>
Total Recoverable Depreciation	20.85
	20.85
<b>Net Claim Remaining if Depreciation is Recovered</b>	<b>\$4,629.48</b>

---

Gonzalez, Miya



**CSAA Insurance Exchange**

AAA Insurance  
underwritten by CSAA Insurance Exchange  
PO Box 22221 Oakland, CA 94623-2221

**Recap of Taxes, Overhead and Profit**

	<b>Overhead (10%)</b>	<b>Profit (10%)</b>	<b>Material Sales Tax (10.25%)</b>	<b>Storage Rental Tax (10.25%)</b>
<b>Line Items</b>	182.20	182.20	18.82	0.00
<b>Additional Charges</b>	0.11	0.11	0.00	0.00
<b>Total</b>	<b>182.31</b>	<b>182.31</b>	<b>18.82</b>	<b>0.00</b>

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**CSAA Insurance Exchange**

AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221

**Recap by Room**

<b>Estimate: JANE_HYSEN</b>	<b>232.81</b>	<b>2.37%</b>
<b>Electrical</b>	<b>8,000.00</b>	<b>81.61%</b>
<b>Dwelling Exterior</b>	<b>1,008.79</b>	<b>10.29%</b>
<b>Labor Minimums Applied</b>	<b>561.44</b>	<b>5.73%</b>
<hr/>		
<b>Subtotal of Areas</b>	<b>9,803.04</b>	<b>100.00%</b>
<hr/>		
<b>Total</b>	<b>9,803.04</b>	<b>100.00%</b>







PO Box 24523  
Oakland, CA 94623-1523  
Phone 800.922.8228  
Fax 877.548.1610

JANE L HYSEN  
2216 CARLETON ST  
BERKELEY, CA 94704-3225

December 29, 2023

Re: Insured: Jane L Hysen  
Claim No.: 1005-35-0683  
Date of Loss: August 29, 2023

Dear Jane L Hysen:

As part of your claim, we recently made the following offer(s) of payments:

Payee	Amount	Description
James Grow	\$7,656.00	Coverage D - Loss of Use: Fair Rental Value

If you are the payee listed above, your endorsement of the check(s) represents acceptance of the offer(s) of payment, but does not constitute a release of this claim.

**FRV: 232/Day or 6,960/Month**

Home uninhabitable for 1 month + 3 days from 08/29/23 - 10/02/23  
1 month (\$6,960) + 3 days (\$696) = \$7,656.00

At CSAA Insurance Exchange, we strive to clearly communicate with our policyholders in order to efficiently handle their claims. If you have any questions about this/these payment(s) or your claim, please do not hesitate to contact me.

Thank you for your continued business.

Sincerely,

*Miya Gonzalez*

Miya Gonzalez  
Claims Representative  
Phone: 888-335-2722 Ext.: 1201852



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**From:** "assignments@strikecheck.com" <assignments@strikecheck.com>  
**Date:** 8/31/2023 3:36:52 PM  
**To:** "anje.kabrud@csaa.com" <anje.kabrud@csaa.com>  
**Cc:** "assignments@strikecheck.com" <assignments@strikecheck.com>; "myclaim@csaa.com" <myclaim@csaa.com>  
**Subject:** [EXTERNAL] View StrikeCheck Final Report for Claim #1005-35-0683  
**Attachments:** StrikeCheck Final Report-23-08269274 - Jane Hysen - 1005-35-0683.pdf, InsuredCopy of StrikeCheck Damage Assessment for Claim 23-08269274.pdf

External Email



Claim #: 1005-35-0683  
StrikeCheck File #23-08269274

Your Final Report for Claim #1005-35-0683 Is Ready

## Your Final Report Is Ready!

Claim Assignment #23-08269274



**View Your Final Report**

Your final report and invoice are attached to this email.



**Rate Your Experience**

Take our adjuster survey to share your feedback with us.



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## Adjuster Survey



### Have A Question?

If you have questions, [click here](#) or call 888-980-8544.



### Next Steps

Have another claim? [Submit it here](#). Looking to enhance your electronics claim knowledge? Check out our [resource library](#).

Thank you for trusting us with your claim, and we look forward to working with you again soon.

StrikeCheck Operations Team

888-980-8544

[StrikeCheck Website](#)

[Alpine Intel Website](#)

[Submit A Claim](#)



# StrikeCheck

## Onsite Damage Assessment Report

00020 4746250 000352 000703 0011/0028



# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim #: 1005-35-0683  
 Strike Check File #: 23-08269274

08/31/2023

StrikeCheck File # 23-08269274

CSAA Insurance Group

Attention: Anje Kabrud  
 Report Submitted VIA: anje.kabrud@csaa.com

Claim #: 1005-35-0683  
 Date of Loss: 08/29/2023  
 Insured: Jane Hysen  
 Loss Address: 2216 Carleton Street  
 Berkeley, CA 94704  
 Phone: 510-847-5930

## EVALUATION SUMMARY

Evaluation Findings: **2 of 2 Item(s) Damaged**  
 Primary Cause of Damage: **Foreign Object Impact**  
 Recommendation: **Repair 0 Item(s), Replace 2 Item(s)**

Damaged Items	2
Non-Damaged Items	0
<b>Total Items Inspected</b>	<b>2</b>

Repair Costs for Items That Can Be Repaired	\$0.00
Replacement Costs for Items Damaged Beyond Repair	\$3,807.67

<b>Recommended Settlement (Including Sales Tax)</b>	<b>\$3,807.67</b>
<b>Applied Depreciation</b>	<b>\$336.47</b>
<b>Recommended ACV Settlement</b>	<b>\$3,471.20</b>

Our calculation of applicable sales tax is provided for general information purposes only. Any final determination of sales tax applicability should be made by the adjuster after consultation with their internal tax professionals.

888-980-8544

[strikecheck.com](http://strikecheck.com)

StrikeCheck does not interpret policy language or whether any, or all coverage may apply. We therefore defer all coverage determinations to your organization.

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim # 1005-35-0683  
 Strike Check File # 23-08269274

## CAUSE OF LOSS

Based on the information collected during our onsite assessment, it is the opinion of StrikeCheck that **the cause of loss to 2 items is Foreign Object Impact.**

The findings of the onsite investigation discovered 2 failed items. The items displayed visible signs of damage. The 2 items did not have electricity available and this has prevented functional testing of the equipment. There was a tree that fell and impacted the 2 items.

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888-980-8544

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim #: 1005-35-0683  
 Strike Check File #: 23-08269274

## REPAIR / REPLACE RECOMMENDATION

If coverage is afforded, **StrikeCheck recommends that the 2 items be replaced.** Our findings indicate that a full replacement of the damaged items is required to restore the insured to pre-loss condition.

- Due to the extent of the failures, it is our recommendation to replace the items.

Repair and replacement estimates are based on average market rates at the time this report was prepared. Market prices can, and often do, substantially change over time, and therefore these prices are only valid for 30 days from the date of report issuance.

# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim #: 1005-35-0683  
 Strike Check File #: 23-08269274

## DETERMINATIONS

StrikeCheck's onsite investigation indicates that the following is required to return the insured to pre-loss condition:

- **Service Entrance - Mask, Weatherhead, Piping, and Wiring**
- **Eaton 200 Amp 4-Space 8-Circuit BR Type Main Breaker with Meter**
- **Permit / Miscellaneous Materials**
- **Surge Protector**
- **Disconnection and Disposal of Existing Panel/Sub-Panel**
- **Post-Installation Testing**

Repair estimates are based on currently available repair parts that will restore the insured to pre-loss condition. Parts availability, item features, locally available repair labor, shipping (if applicable), and current market pricing all play a significant role in the determination of StrikeCheck's repair recommendations. Replacement estimates are based on comparable like kind and quality equipment that have similar functionalities, features, styles, and sizes to the original items.

Depreciation is calculated based on the useful life of the equipment and its general condition without reference to legal requirements of the local jurisdiction. Please refer to the requirements of the loss location jurisdiction and your company guidelines in applying depreciation. If the date of manufacture cannot be obtained from any item's data plate or determined based on other contextual identifiers, we have estimated its age.

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim #: 1005-35-0683  
 Strike Check File #: 23-08269274

## EXISTING EQUIPMENT DEMOGRAPHIC INFORMATION

ITEM #	BRAND	ITEM TYPE	MODEL #	SERIAL #	DAMAGE TYPE	AGE	RECOMMENDATION	RECOMMENDED SETTLEMENT
001	Unavailable	Service Entrance - Overhead	UNAVAILABLE	UNAVAILABLE	Foreign Object Impact	10	Replace	\$1,360.80
002	Siemens	Electrical Service Panel	UNAVAILABLE	UNAVAILABLE	Foreign Object Impact	10	Replace	\$2,446.87

888-980-8544

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim #: 1005-35-0683  
 Strike Check File #: 23-08269274

## Item #: 001

**Item Description:** Service Entrance - Overhead  
**Make:** Unavailable

**Model:** UNAVAILABLE  
**DOM:** 2013

Cause of Damage	 Foreign Object Impact
Annual Depreciation for this Item Type:	3.30%
Recommended Settlement for this Item:	\$ 1,360.80 (Recommendation is: Replace)
Actual Cash Value for this Item:	\$ 1,256.02

STRIKECHECK RECOMMENDED ACTION				
Recommendation: Replace				
LINE ITEM DESCRIPTION	PARTS COST	LABOR HOURS	LABOR COST	LINE ITEM TOTAL W/TAX
Service Entrance - Mask, Weatherhead, Piping, and Wiring	\$ 320.00	6.0	\$ 1,008.00	\$ 1,360.80
<b>System Total:</b>	<b>\$ 320.00</b>	<b>6</b>	<b>\$ 1,008.00</b>	<b>\$ 1,360.80</b>

**Replacement Total: \$1,360.80**

Our calculation of applicable sales tax is provided for general information purposes only. Any final determination of sales tax applicability should be made by the adjuster after consultation with their internal tax professionals.



888-980-8544

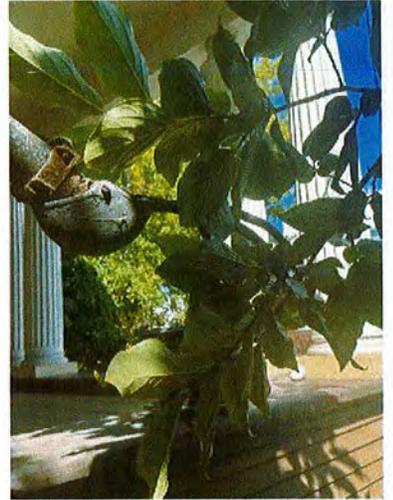
strikecheck.com

# ONSITE DAMAGE ASSESSMENT

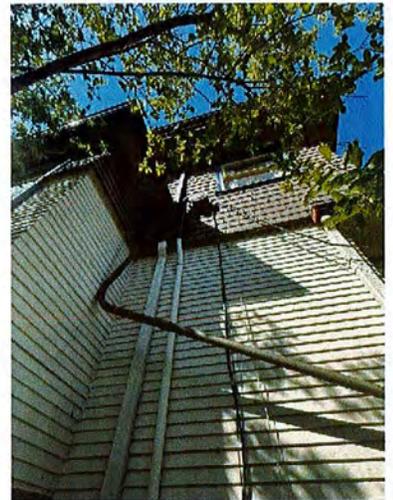


Date: 08/31/2023  
Claim # 1005-35-0683  
Strike Check File # 23-08269274

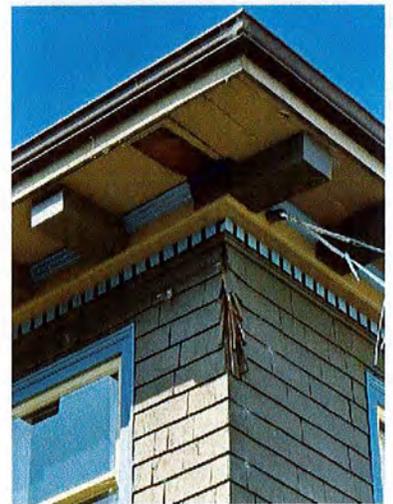
Item 001 - Service Entrance - Overhead - Visible Damage to Weatherhead



Item 001 - Service Entrance - Overhead - Damaged Wiring



Item 001 - Service Entrance - Overhead Physical Damage to Wiring



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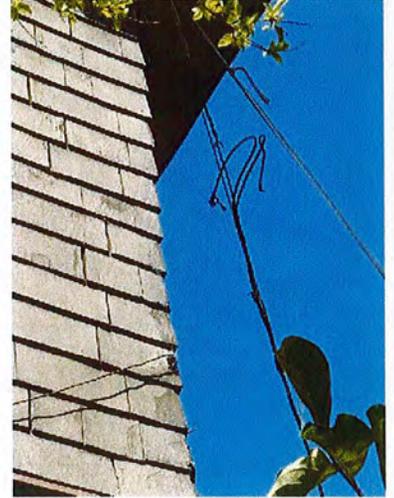
[strikecheck.com](http://strikecheck.com)

# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
Claim #: 1005-35-0683  
Strike Check File #: 23-08269274

Item 001 - Service Entrance - Overhead Wiring is Not Intact



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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim #: 1005-35-0683  
 Strike Check File #: 23-08269274

## Item #: 002

**Item Description:** Electrical Service  
**Panel**  
**Make:** Siemens

**Model:** UNAVAILABLE  
**DOM:** 2013

<b>Cause of Damage</b>	 Foreign Object Impact
<b>Annual Depreciation for this Item Type:</b>	5.00%
<b>Recommended Settlement for this Item:</b>	\$ 2,446.87 (Recommendation is: Replace)
<b>Actual Cash Value for this Item:</b>	\$ 2,215.18

### STRIKECHECK RECOMMENDED ACTION

<b>Recommendation: Replace</b>				
LINE ITEM DESCRIPTION	PARTS COST	LABOR HOURS	LABOR COST	LINE ITEM TOTAL W/TAX
Post-Installation Testing	\$ 0.00	0.5	\$ 84.00	\$ 84.00
Surge Protector	\$ 150.00	1.0	\$ 168.00	\$ 333.38
Disconnection and Disposal of Existing Panel/Sub-Panel	\$ 0.00	1.0	\$ 168.00	\$ 168.00
Eaton 200 Amp 4-Space 8-Circuit BR Type Main Breaker with Meter	\$ 167.00	8.0	\$ 1,344.00	\$ 1,528.12
Permit / Miscellaneous Materials	\$ 150.00	1.0	\$ 168.00	\$ 333.38
<b>System Total:</b>	<b>\$ 467.00</b>	<b>11.5</b>	<b>\$ 1,932.00</b>	<b>\$ 2,446.87</b>

**Replacement Total: \$2,446.87**

Our calculation of applicable sales tax is provided for general information purposes only. Any final determination of sales tax applicability should be made by the adjuster after consultation with their internal tax professionals.

888-980-8544

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim # 1005-35-0683  
 Strike Check File # 23-08269274

Item 002 - Electrical Service Panel - No Power Present



Item 002 - Electrical Service Panel - Unable to Perform Functional Testing



Item 002 - Electrical Service Panel - Visible Signs of Damaged Wiring



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888-980-8544

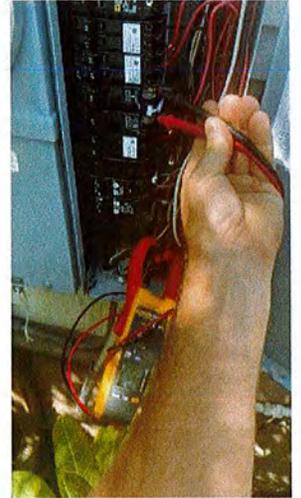
strikecheck.com

# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
Claim # 1005-35-0683  
Strike Check File # 23-08269274

Item 002 - Electrical Service Panel is Disconnected From Power



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# StrikeCheck

## Onsite Damage Assessment Report

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim #: 1005-35-0683  
 Strike Check File #: 23-08269274

POLICYHOLDER COPY

08/31/2023

StrikeCheck File #

23-08269274

CSAA Insurance Group

Attention: Anje Kabrud  
 Report Submitted VIA: anje.kabrud@csaa.com

Claim #: 1005-35-0683  
 Date of Loss: 08/29/2023  
 Insured: Jane Hysen  
 Loss Address: 2216 Carleton Street  
 Berkeley, CA 94704  
 Phone: 510-847-5930

## EVALUATION SUMMARY

Evaluation Findings: **2 of 2 Item(s) Damaged**  
 Primary Cause of Damage: **Foreign Object Impact**  
 Recommendation: **Repair 0 Item(s), Replace Item(s)**

Total Items Inspected	2
Damaged Items	2
Non-Damaged Items	

Repair Costs for Items That Can Be Repaired	\$ 0.00
Replacement Costs for Items Damaged Beyond Repair	\$ 3,807.67

<b>Recommended Settlement (Including Sales Tax)</b>	<b>\$ 3,807.67</b>
<b>Applied Depreciation</b>	<b>\$ 336.47</b>
<b>Recommended ACV Settlement</b>	<b>\$ 3,471.20</b>

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888-980-8544

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim # 1005-35-0683  
 Strike Check File # 23-08269274

POLICYHOLDER COPY

## CAUSE OF LOSS

Based on the information collected during our onsite assessment, it is the opinion of StrikeCheck that **the cause of loss to 2 items is Foreign Object Impact.**

The findings of the onsite investigation discovered 2 failed items. The items displayed visible signs of damage. The 2 items did not have electricity available and this has prevented functional testing of the equipment. There was a tree that fell and impacted the 2 items.

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# ONSITE DAMAGE ASSESSMENT

**STRIKECHECK**  
ELECTRONICS CLAIMS INVESTIGATORS

Date: 08/31/2023  
Claim #: 1005-35-0683  
Strike Check File #: 23-08269274

*POLICYHOLDER COPY*

## DETERMINATIONS

StrikeCheck's onsite investigation indicates that the following is required to return the insured to pre-loss condition:

- **Service Entrance - Mask, Weatherhead, Piping, and Wiring**
- **Eaton 200 Amp 4-Space 8-Circuit BR Type Main Breaker with Meter**
- **Permit / Miscellaneous Materials**
- **Surge Protector**
- **Disconnection and Disposal of Existing Panel/Sub-Panel**
- **Post-Installation Testing**

Repair estimates are based on currently available repair parts that will restore the insured to pre-loss condition. Parts availability, item features, locally available repair labor, shipping (if applicable), and current market pricing all play a significant role in the determination of StrikeCheck's repair recommendations. Replacement estimates are based on comparable like kind and quality equipment that have similar functionalities, features, styles, and sizes to the original items.

Depreciation is calculated based on the generally accepted useful life of the equipment and its general condition without reference to applicable code requirements of the local jurisdiction.

888-980-8544

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
Claim # 1005-35-0683  
Strike Check File # 23-08269274

POLICYHOLDER COPY

## EXISTING EQUIPMENT DEMOGRAPHIC INFORMATION

ITEM #	BRAND	ITEM TYPE	MODEL #	SERIAL #	DAMAGE TYPE	AGE	RECOMMENDATION	RECOMMENDED SETTLEMENT
001	Unavailable	Service Entrance - Overhead	UNAVAILABLE	UNAVAILABLE	Foreign Object Impact	10	Replace	\$1,360.80
002	Siemens	Electrical Service Panel	UNAVAILABLE	UNAVAILABLE	Foreign Object Impact	10	Replace	\$2,446.87

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888-980-8544

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim #: 1005-35-0683  
 Strike Check File #: 23-08269274

POLICYHOLDER COPY

Item #: 001

Item Description: Service Entrance - Overhead  
 Make: Unavailable

Model: UNAVAILABLE  
 DOM: 2013

STRIKECHECK RECOMMENDED ACTION				
Recommendation: Replace				
LINE ITEM DESCRIPTION	PARTS COST	LABOR HOURS	LABOR COST	LINE ITEM TOTAL W/TAX
Service Entrance - Mask, Weatherhead, Piping, and Wiring	\$ 320.00	6.0	\$ 1,008.00	\$ 1,360.80
<b>System Total:</b>	\$ 320.00	6.0	\$ 1,008.00	\$ 1,360.80
<b>Replacement Total: \$1,360.80</b>				

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888-980-8544

strikecheck.com

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# ONSITE DAMAGE ASSESSMENT



Date: 08/31/2023  
 Claim #: 1005-35-0683  
 Strike Check File #: 23-08269274

POLICYHOLDER COPY

Item #: 002

Item Description: Electrical Service Panel  
 Make: Siemens

Model: UNAVAILABLE  
 DOM: 2013

STRIKECHECK RECOMMENDED ACTION				
Recommendation: Replace				
LINE ITEM DESCRIPTION	PARTS COST	LABOR HOURS	LABOR COST	LINE ITEM TOTAL W/TAX
Post-Installation Testing	\$ 0.00	0.5	\$ 84.00	\$ 84.00
Surge Protector	\$ 150.00	1.0	\$ 168.00	\$ 333.38
Disconnection and Disposal of Existing Panel/Sub-Panel	\$ 0.00	1.0	\$ 168.00	\$ 168.00
Eaton 200 Amp 4-Space 8-Circuit BR Type Main Breaker with Meter	\$ 167.00	8.0	\$ 1,344.00	\$ 1,528.12
Permit / Miscellaneous Materials	\$ 150.00	1.0	\$ 168.00	\$ 333.38
<b>System Total:</b>	<b>\$ 467.00</b>	<b>11.5</b>	<b>\$ 1,932.00</b>	<b>\$ 2,446.87</b>

**Replacement Total: \$2,446.87**

Our calculation of applicable sales tax is provided for general information purposes only. Any final determination of sales tax applicability should be made by the adjuster after consultation with their internal tax professionals.

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888-980-8544

strikecheck.com

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**CSAA Insurance Exchange**

AAA Insurance  
underwritten by CSAA Insurance Exchange  
PO Box 22221 Oakland, CA 94623-2221

Insured: Jane Hysen  
Property: 2216 CARLETON ST  
BERKELEY, CA 94704  
Home: 2216 Carleton St  
Berkeley, CA 94704-3225

Home: (510) 841-4763  
Business: (510) 465-8883  
E-mail: jgrow94704@yahoo.com

Claim Rep.: Miya Gonzalez

Business: (888) 335-2722  
E-mail: Miya.Gonzalez@csaa.com

Claimant: Jane Hysen  
Home: 2216 Carleton St  
Berkeley, CA 94704-3225

Home: (510) 841-4763

Estimator: Gonzalez, Miya

Business: (888) 335-2722 x 1201852  
E-mail: miya.gonzalez@csaa.com

**Claim Number:** 1005-35-0683

**Policy Number:** CAH3105283919

**Type of Loss:** MISC OTHER

Date Contacted: 9/11/2023 9:33 AM

Date of Loss: 8/29/2023 12:00 AM

Date Received: 8/30/2023 1:33 PM

Date Inspected: 8/31/2023 9:33 PM

Date Entered: 9/11/2023 9:04 AM

Date Est. Completed: 9/11/2023 9:35 AM

Price List: CAEB8X\_SEP23  
Restoration/Service/Remodel

Estimate: JANE\_HYSEN

The enclosed estimate related to your dwelling and/or other structure outlines the repairs that are approved for this claim. If you are using a contractor to complete repairs, please provide them with a copy of this estimate. If your contractor has questions regarding this estimate and/or if additional damage is discovered related to your claim, have them contact us prior to starting the repairs

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**CSAA Insurance Exchange**

AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221

**JANE\_HYSEN**

**JANE\_HYSEN**

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
1. Haul debris - per pickup truck load - including dump fees										
1.00	EA	232.81	0.00	46.56	279.37	0/NA	Avg.	NA	(0.00)	279.37
<b>Total: JANE_HYSEN</b>		<b>0.00</b>	<b>46.56</b>	<b>279.37</b>				<b>0.00</b>	<b>279.37</b>	

**Electrical**

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
2. Electrical Repairs - Per Strike Check Evaluation*										
1.00	EA	3,807.67	0.00	0.00	3,807.67	0/NA	Avg.	0%	(0.00)	3,807.67
<b>Totals: Electrical</b>		<b>0.00</b>	<b>0.00</b>	<b>3,807.67</b>				<b>0.00</b>	<b>3,807.67</b>	

**Dwelling Exterior**

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
<b>THIS IS A ROUGH ESTIMATE OF EXTERIOR REPAIRS&gt; SUPPLEMENT MAY BE NEEDED ONCE CONTRACTOR ESTIMATE IS RECEIVED.</b>										
3. R&R Siding - cedar shingle										
10.00	SF	12.79	6.36	26.86	161.12	0/100 yrs	Avg.	0%	(0.00)	161.12
4. Seal & paint wood siding										
20.00	SF	2.74	1.27	11.22	67.29	10/15 yrs	Avg.	66.67%	(8.27)	59.02
5. R&R Soffit & fascia - wood - 4' overhang										
3.00	LF	33.26	3.52	20.66	123.96	0/150 yrs	Avg.	0%	(0.00)	123.96
6. R&R Siding trim - 1" x 4" hardboard trim board										
3.00	LF	9.13	0.49	5.58	33.46	0/100 yrs	Avg.	0%	(0.00)	33.46
7. Prime & paint exterior soffit - wood										
6.00	SF	3.38	0.36	4.14	24.78	10/15 yrs	Avg.	66.67%	(2.36)	22.42
8. R&R Timber beam, 6x8										
2.00	LF	23.56	2.26	9.88	59.26	0/150 yrs	Avg.	0%	(0.00)	59.26
9. Seal & paint wood beam										
48.00	SF	2.99	1.53	29.00	174.05	10/15 yrs	Avg.	66.67%	(9.92)	164.13
10. R&R Trim molding - 3 1/4" hardwood*										
3.00	LF	11.32	1.49	7.10	42.55	0/150 yrs	Avg.	0%	(0.00)	42.55
11. Seal (1 coat) & paint (1 coat) trim										
3.00	LF	2.18	0.05	1.32	7.91	10/15 yrs	Avg.	66.67%	(0.30)	7.61
<b>Totals: Dwelling Exterior</b>		<b>17.33</b>	<b>115.76</b>	<b>694.38</b>				<b>20.85</b>	<b>673.53</b>	



**CSAA Insurance Exchange**

AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221

**Labor Minimums Applied**

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
12. Siding labor minimum										
1.00	EA	248.84	0.00	49.76	298.60	0/NA	Avg.	0%	(0.00)	298.60
13. Painting labor minimum										
1.00	EA	123.46	0.00	24.70	148.16	0/NA	Avg.	0%	(0.00)	148.16
14. Timber framing labor minimum										
1.00	EA	273.84	0.00	54.76	328.60	0/NA	Avg.	0%	(0.00)	328.60
<b>Totals: Labor Minimums Applied</b>		<b>0.00</b>	<b>129.22</b>	<b>775.36</b>				<b>0.00</b>	<b>775.36</b>	
<b>Line Item Totals: JANE_HYSEN</b>		<b>17.33</b>	<b>291.54</b>	<b>5,556.78</b>				<b>20.85</b>	<b>5,535.93</b>	

[%] - Indicates that depreciate by percent was used for this item

[M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item

**Additional Charges**

	<b>Charge</b>
California Lumber Assessment Fee	1.10
<b>Additional Charges Total</b>	<b>\$1.10</b>

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**CSAA Insurance Exchange**

AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221

**Summary for A-Dwelling**

Line Item Total	5,247.91
California Lumber Assessment Fee	1.10
Material Sales Tax	17.33
	<hr/>
Subtotal	5,266.34
Overhead	145.88
Profit	145.88
	<hr/>
<b>Replacement Cost Value</b>	<b>\$5,558.10</b>
Less Depreciation	(20.85)
	<hr/>
<b>Actual Cash Value</b>	<b>\$5,537.25</b>
Less Deductible	(500.00)
	<hr/>
<b>Net Claim</b>	<b>\$5,037.25</b>
	<hr/> <hr/>
Total Recoverable Depreciation	20.85
	<hr/>
<b>Net Claim if Depreciation is Recovered</b>	<b>\$5,058.10</b>
	<hr/> <hr/>

\_\_\_\_\_  
 Gonzalez, Miya



**CSAA Insurance Exchange**

AAA Insurance  
underwritten by CSAA Insurance Exchange  
PO Box 22221 Oakland, CA 94623-2221

**Recap of Taxes, Overhead and Profit**

	<b>Overhead (10%)</b>	<b>Profit (10%)</b>	<b>Material Sales Tax (10.25%)</b>	<b>Storage Rental Tax (10.25%)</b>
<b>Line Items</b>	145.77	145.77	17.33	0.00
<b>Additional Charges</b>	0.11	0.11	0.00	0.00
<b>Total</b>	<b>145.88</b>	<b>145.88</b>	<b>17.33</b>	<b>0.00</b>

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## CSAA Insurance Exchange

AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221

### Recap by Room

<b>Estimate: JANE_HYSEN</b>	<b>232.81</b>	<b>4.44%</b>
<b>Electrical</b>	<b>3,807.67</b>	<b>72.56%</b>
<b>Dwelling Exterior</b>	<b>561.29</b>	<b>10.70%</b>
<b>Labor Minimums Applied</b>	<b>646.14</b>	<b>12.31%</b>
<hr/>		
<b>Subtotal of Areas</b>	<b>5,247.91</b>	<b>100.00%</b>
<hr/>		
<b>Total</b>	<b>5,247.91</b>	<b>100.00%</b>


**CSAA Insurance Exchange**

AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221

**Recap by Category with Depreciation**

<b>O&amp;P Items</b>	<b>RCV</b>	<b>Deprec.</b>	<b>ACV</b>
<b>GENERAL DEMOLITION</b>	263.05		263.05
<b>FINISH CARPENTRY / TRIMWORK</b>	30.60		30.60
<b>PAINTING</b>	348.60	20.85	327.75
<b>SIDING</b>	392.25		392.25
<b>SOFFIT, FASCIA, &amp; GUTTER</b>	92.88		92.88
<b>TIMBER FRAMING</b>	312.86		312.86
<b>O&amp;P Items Subtotal</b>	<b>1,440.24</b>	<b>20.85</b>	<b>1,419.39</b>
<b>Non-O&amp;P Items</b>	<b>RCV</b>	<b>Deprec.</b>	<b>ACV</b>
<b>ELECTRICAL</b>	3,807.67		3,807.67
<b>Non-O&amp;P Items Subtotal</b>	<b>3,807.67</b>	<b>0.00</b>	<b>3,807.67</b>
<b>O&amp;P Items Subtotal</b>	<b>1,440.24</b>	<b>20.85</b>	<b>1,419.39</b>
<b>Permits and Fees</b>	1.10		1.10
<b>Material Sales Tax</b>	17.33		17.33
<b>Overhead</b>	145.88		145.88
<b>Profit</b>	145.88		145.88
<b>Total</b>	<b>5,558.10</b>	<b>20.85</b>	<b>5,537.25</b>

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P.O. Box 24523  
 Oakland, CA 94623-1523  
 Phone 800.922.8228  
 Fax 877.548.1610

JANE HYSEN  
 2216 CARLETON ST  
 BERKELEY, CA 94704-3225

Offer of Payment

Check No.: 0719678528		Insured: Jane Hysen		
Claim No.: 1005-35-0683		Policy No.: CAH3105283919		Adjuster: Miya Gonzalez
Exposure: (1) 1st Party Dwelling - Jane Hysen - A-Dwelling - Claim Cost - Dwelling Damage				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
12/29/2023	Replacement Cost Value	\$4,629.48	*****	\$4,629.48
Payee: Jane Hysen				
Invoice/EOB #:		Dates of Service:		
Comments: Supplement for electrical and gutter/downspouts				
Payment Method: Zelle		Date of Loss: 08/29/2023		Loss Type: Homeowners

Policy issued by CSAA Insurance Exchange

Please detach before presenting for payment



CSAA Insurance Exchange  
 P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO. 0719678528

POLICY NO.  
 CAH3105283919

Exactly Four thousand six hundred twenty nine and 48/100 Dollars\*\*\*\*\*

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
Jane Hysen	08/29/2023	1005-35-0683	12/29/2023	***\$4,629.48

Pay Jane Hysen  
 To  
 The  
 Order  
 Of

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group

\_\_\_\_\_  
 AUTHORIZED SIGNATURE



00020 4746250 000366 000731 00250028





P.O. Box 24523  
 Oakland, CA 94623-1523  
 Phone 800.922.8228  
 Fax 877.548.1610

JAMES GROW  
 2216 CARLETON ST  
 BERKELEY, CA 94704-3225

Offer of Payment

Check No.: 0719678530		Insured: Jane Hysen		
Claim No.: 1005-35-0683		Policy No.: CAH3105283919		Adjuster: Miya Gonzalez
Exposure: (2) 1st Party Loss of Use - Jane Hysen - D-Loss of Use - Claim Cost - Fair Rental Value				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
12/29/2023	Fair Rental Value	\$7,656.00	****	\$7,656.00
Payee: James Grow				
Invoice/EOB #:		Dates of Service:		
Comments: Fair Rental Value				
Payment Method: Zelle		Date of Loss: 08/29/2023		Loss Type: Homeowners

Policy issued by CSAA Insurance Exchange

Please detach before presenting for payment



CSAA Insurance Exchange  
 P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO. 0719678530

POLICY NO.  
 CAH3105283919

Exactly Seven thousand six hundred fifty six and 00/100 Dollars\*\*\*\*\*

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
Jane Hysen	08/29/2023	1005-35-0683	12/29/2023	***\$7,656.00

Pay James Grow  
 To  
 The  
 Order  
 Of

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group

AUTHORIZED SIGNATURE

00020 4746250 000387 000733 00260028





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IMPORTANT INFORMATION IS ENCLOSED: OPEN IMMEDIATELY

