



## PROCLAMATION CALLING A SPECIAL MEETING OF THE BERKELEY CITY COUNCIL

In accordance with the authority in me vested, I do hereby call the Berkeley City Council in special session as follows:

**MONDAY, MAY 13, 2024**

**3:00 P.M.**

REDWOOD ROOM – 2180 MILVIA STREET, BERKELEY, CA 94704

TELECONFERENCE LOCATION – 1404 LE ROY AVE, BERKELEY, CA 94708

TELECONFERENCE LOCATION – 1619 EDITH STREET, BERKELEY, CA 94703

JESSE ARREGUIN, MAYOR

Councilmembers:

DISTRICT 1 – RASHI KESARWANI  
DISTRICT 2 – TERRY TAPLIN  
DISTRICT 3 – BEN BARTLETT  
DISTRICT 4 – VACANT

DISTRICT 5 – SOPHIE HAHN  
DISTRICT 6 – SUSAN WENGRAF  
DISTRICT 7 – CECILIA LUNAPARRA  
DISTRICT 8 – MARK HUMBERT

*This meeting will be conducted in a hybrid model with both in-person attendance and virtual participation. If you are feeling sick, please do not attend the meeting in person.*

*Remote participation by the public is available through Zoom. To access the meeting remotely: Join from a PC, Mac, iPad, iPhone, or Android device: Please use this URL: <https://cityofberkeley-info.zoomgov.com/j/1607423450>. To request to speak, use the “raise hand” icon by rolling over the bottom of the screen. To join by phone: Dial **1-669-254-5252** or **1-833-568-8864 (Toll Free)** and enter Meeting ID: **160 742 3450**. If you wish to comment during the public comment portion of the agenda, Press \*9 and wait to be recognized by the Chair. Please be mindful that the meeting will be recorded.*

*To submit a written communication for the City Council’s consideration and inclusion in the public record, email [council@berkeleyca.gov](mailto:council@berkeleyca.gov).*

*This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953 and applicable Executive Orders as issued by the Governor that are currently in effect. Any member of the public may attend this meeting. Questions regarding public participation may be addressed to the City Clerk Department (510) 981-6900. The City Council may take action related to any subject listed on the Agenda.*

*Pursuant to the City Council Rules of Procedure and State Law, the presiding officer may remove, or cause the removal of, an individual for disrupting the meeting. Prior to removing an individual, the presiding officer shall warn the individual that their behavior is disrupting the meeting and that their failure to cease their behavior may result in their removal. The presiding officer may then remove the individual if they do not promptly cease their disruptive behavior. “Disrupting” means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, a failure to comply with reasonable and lawful regulations adopted by a legislative body, or engaging in behavior that constitutes use of force or a true threat of force.*

## Preliminary Matters

### Roll Call

### Public Comment - Limited to items on this agenda only

## CLOSED SESSION:

The City Council will convene in closed session to meet concerning the following:

1. **CONFERENCE WITH LEGAL COUNSEL – PENDING LITIGATION PURSUANT TO GOVERNMENT CODE SECTIONS 54956.9(a) and 54956.9(d)(1)**
  - a. *Brown v. City of Berkeley, et al.*, Alameda County Superior Court Case No. 22CV012371
  - b. *Charles Delfin v. City of Berkeley*, Alameda County Superior Court Case No. 23VC049225
2. **CONFERENCE WITH LEGAL COUNSEL – PENDING LITIGATION PURSUANT TO GOVERNMENT CODE SECTIONS 54956.9(a) and 54956.9(d)(2) and (e)(3)**
  - a. Government Claim of CSAA Insurance Exchange as Subrogee of Jane Hysen; Claim filed on February 27, 2023 and amended on August 29, 2023
3. **CONFERENCE WITH LABOR NEGOTIATORS; GOVERNMENT CODE SECTION 54957.6**

Negotiators: Dee Williams-Ridley, City Manager, Anne Cardwell, Deputy City Manager, LaTanya Bellow, Deputy City Manager, Aram Kouyoumdjian, Human Resources Director, Jonathan Holtzman, Labor Negotiator, Dania Torres-Wong, Labor Negotiator, Burke Dunphy, Labor Negotiator

Employee Organizations: Berkeley Fire Fighters Association Local 1227 I.A.F.F., Berkeley Fire Fighters Association, Local 1227 I.A.F.F. / Berkeley Chief Fire Officers Association; Berkeley Police Association; SEIU 1021 Community Services and Part-time Recreation Activity Leaders, SEIU 1021 Maintenance and Clerical, Public Employee Union Local 1, Unrepresented Employees

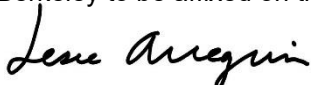
## OPEN SESSION:

Public Reports of actions taken pursuant to Government Code section 54957.1.

## Adjournment

I hereby request that the City Clerk of the City of Berkeley cause personal notice to be given to each member of the Berkeley City Council on the time and place of said meeting, forthwith.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official seal of the City of Berkeley to be affixed on this 9th day of May, 2024.

  
Jesse Arreguin, Mayor

Public Notice – this Proclamation serves as the official agenda for this meeting.

ATTEST:



Mark Numainville, City Clerk

**NOTICE CONCERNING YOUR LEGAL RIGHTS:** *If you object to a decision by the City Council to approve or deny an appeal, the following requirements and restrictions apply: 1) Pursuant to Code of Civil Procedure Section 1094.6 and Government Code Section 65009(c)(1)(E), no lawsuit challenging a City decision to deny or approve a Zoning Adjustments Board decision may be filed and served on the City more than 90 days after the date the Notice of Decision of the action of the City Council is mailed. Any lawsuit not filed within that 90-day period will be barred. 2) In any lawsuit that may be filed against a City Council decision to approve or deny a Zoning Adjustments Board decision, the issues and evidence will be limited to those raised by you or someone else, orally or in writing, at a public hearing or prior to the close of the last public hearing on the project.*

Any writings or documents provided to a majority of the City Council regarding any item on this agenda will be made available for public inspection at the public counter at the City Clerk Department located on the first floor of City Hall located at 2180 Milvia Street.



**COMMUNICATION ACCESS INFORMATION:**

This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at (510) 981-6418 (V) or (510) 981-6347 (TDD) at least three business days before the meeting date. Attendees at public meetings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.



AMENDED CLAIM

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02a

Closed Session Item  
CITY OF BERKELEY - CITY CLERK  
2024 FEB 27 PM2:19

CLAIM AGAINST THE CITY OF BERKELEY

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

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.

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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



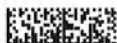






PO Box 24523  
Oakland, CA 94623-1523  
Phone 888.279.5694  
Fax 877.548.1610

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.



00020 4746250 000342 000683 0001/0028

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 00020028



**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

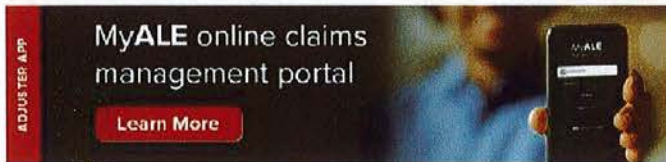
External Email

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**

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**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**

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**Recap of Taxes, Overhead and Profit**

|                           | Overhead (10%) | Profit (10%)  | Material Sales Tax<br>(10.25%) | Storage Rental Tax<br>(10.25%) |
|---------------------------|----------------|---------------|--------------------------------|--------------------------------|
| <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**

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**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.



# 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             |



# 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>                                     | \$ 320.00  | 6           | \$ 1,008.00 | \$ 1,360.80                          |
|  |            |             |             | <b>Replacement Total: \$1,360.80</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.



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# 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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# 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

**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**

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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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# 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





# 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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# 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



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.

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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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# 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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# 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**

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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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**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> |



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**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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**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



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**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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**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**

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**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>   | 3,807.67        | 0.00           | 3,807.67        |
| <b>O&amp;P Items Subtotal</b>       | 1,440.24        | 20.85          | 1,419.39        |
| <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



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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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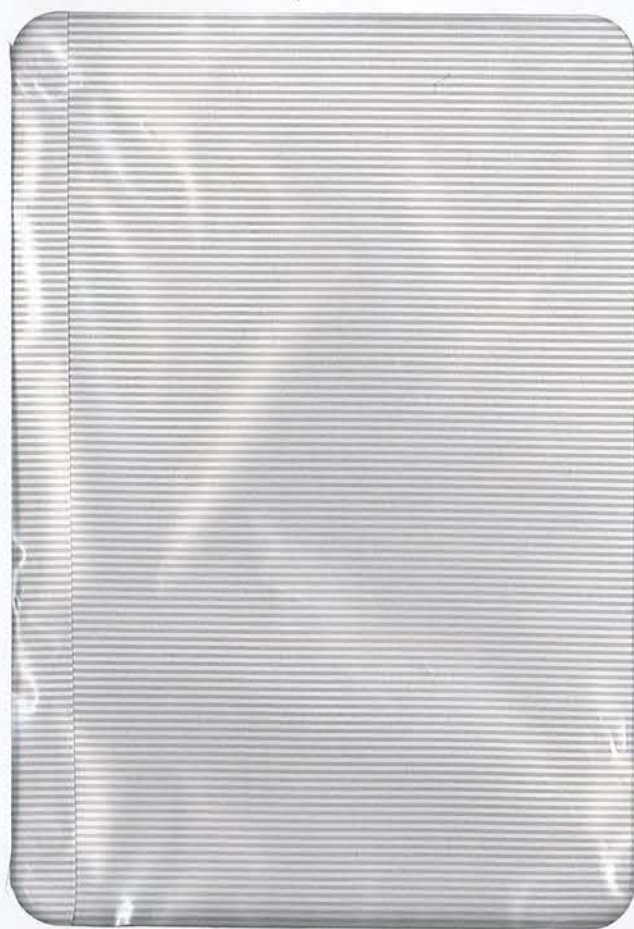
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**IMPORTANT INFORMATION IS ENCLOSED: OPEN IMMEDIATELY**

