



JUN 17 2019

**CITY OF HERMOSA BEACH****CLAIM REPORTING FORM FOR ALL PERSONS OR PROPERTY**

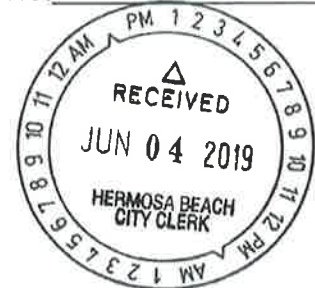
FILE WITH: City Clerk's Office  
City of Hermosa Beach  
1315 Valley Drive  
Hermosa Beach, CA 90254

RESERVE FOR FILING STAMP

DEPT. NO. \_\_\_\_\_

**INSTRUCTIONS**

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim form before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details.



Name of Claimant

Allstate Insurance Company a/s/o CHRISTOPHER B. HAUETER

The following information is required by the Federal government for all claims of personal injury:

Social Security Number: \_\_\_\_\_

Date of Birth: 12/27/1964

Home Address Of Claimant

Occupation of Claimant

Business Address of Claimant

Home Telephone Number

PO Box 21169 Roanoke VA 24018

( )

Give address and telephone number to which you desire notices or communications to be sent regarding this claim.

Business Telephone Number

(540) 725-7129

Date of Damage/Loss/Injury

Thursday March 7, 2019

Time  
A.M. P.M. 2:00

Place of Damage/Loss/Injury

Prospect Ave

How did damage/loss/injury occur? (Be specific)

Were Police at scene?

Yes ☐No ☒

Were Paramedics at scene?

Yes ☐No ☒

Report No.

What particular act or omission do you claim caused the damage/loss/injury. Our insured was driving behind a delivery box truck and the truck knocked over a utility line cable that was low hanging from a telephone pole and the cable fell on to our insureds car causing damages

Name of City employee(s) causing the damage/loss/injury: The moving truck info is E Transports

2007 International Model 43000 Plate 49387H1 CA

The amount claimed, as of the date of presentation of this claim, is computed as follows: (please attach estimates/receipts)

PLEASE REMEMBER TO SIGN CLAIM FORM

F/B05/Personnel/claim form

JUN 17 2019

**Damages incurred to date (exact):**

Expenses for medical and hospital care ..... \$ \_\_\_\_\_  
 Loss of earnings ..... \$ \_\_\_\_\_  
 Special damages for ..... \$ \_\_\_\_\_  
 General damages ..... \$ \_\_\_\_\_  
 Total damages incurred to date ..... \$ \_\_\_\_\_

**Estimated expenses for medical and hospital care**

Future expenses for medical and hospital care ..... \$ n/a  
 Future loss of earnings ..... \$ \_\_\_\_\_  
 Other prospective special damages ..... \$ \_\_\_\_\_  
 Prospective general damages ..... \$ \_\_\_\_\_  
 Total estimate prospective damages ..... \$ \_\_\_\_\_

**WITNESSES to DAMAGE or INJURY: LIST ALL PERSONS and addresses of persons known to have information:**

Name n/a Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**DOCTORS and HOSPITALS:**

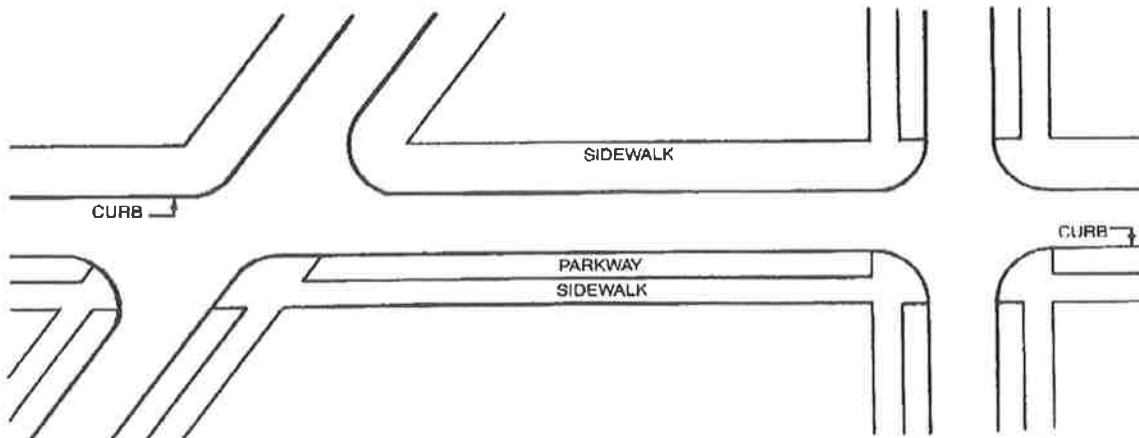
Hospital n/a Address \_\_\_\_\_ Date Hospitalized \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date of Treatment \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date of Treatment \_\_\_\_\_

**READ CAREFULLY**

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and showing house number or distances to street corners. If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle

when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of claimant or person filing on his behalf giving relationship to Claimant:

*Rikki G West* / A1151ak

Typed Name:

Rikki G West

Date:

May 28, 2019

YOUR CLAIM WILL BE PLACED ON A CITY COUNCIL AGENDA FOR ACTION BY THE CITY COUNCIL. YOUR CLAIM WILL BE IN THE PUBLIC DOMAIN; CLAIM FORMS ARE PUBLIC RECORDS; CITY COUNCIL AGENDAS ARE POSTED ON THE CITY'S WEBSITE; THE MEETING AT WHICH YOUR CLAIM WILL BE CONSIDERED IS BOTH CABLECAST AND STREAMED LIVE OVER THE INTERNET; MINUTES OF THE MEETING WILL REFLECT THE ACTION TAKEN ON YOUR CLAIM AND ARE POSTED ON THE CITY'S WEBSITE.

**PLEASE REMEMBER TO SIGN CLAIM FORM**

F/B95/Personnel/claim form



JUN 17 2019  
3380 Shelby Street  
Ontario, CA 91764

Telephone (909)861-0816  
Fax (909)860-3995  
www.adminsure.com

## **NOTICE OF INSUFFICIENCY**

June 12, 2019

Allstate Insurance  
P.O. Box 21169  
Roanoke, VA 24018

Reference:	Our Principal:	City of Hermosa Beach
	Loss Date:	03/07/2019
	Claim Made:	05/28/2019
	Claimant:	Allstate Insurance
	Our File Number:	19-142438
	Your File Number:	0537657173 F5G
	Your Insured:	Chris Haueter

Dear Sirs:

We are the Third Party Administrator and handle the liability claims for the City of Hermosa Beach.

Your claim, which was received by the City of Hermosa Beach, failed to comply substantially with certain Government Code Sections. It was insufficient for the following reason(s):

- Loss location

Please provide the closest street address to where the incident took place.

For your information, consult Sections 910, 910.2, 910.4, and 910.8 and other Sections of the California Government Code pertaining to the filing of claims against a public entity. Due to certain time requirements for filing claims, this deficiency should be corrected immediately.

Sincerely,

A handwritten signature in black ink that reads "John McCormack".

John McCormack  
Claims Administrator  
(909)396-5827

Enc.: Copy of original claim documents

cc: City of Hermosa Beach

JUN 17 2019

**PROOF OF SERVICE**

STATE OF CALIFORNIA       }  
COUNTY OF SAN BERNARDINO }

I am over the age of 18 years and not a party to the within action. My business address is 3380 Shelby Street Ontario, CA 91764.

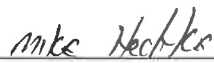
On June 12, 2019, I served the documents entitled *NOTICE OF INSUFFICIENCY* by placing a true copy thereof, enclosed in a sealed envelope, via U.S. Mail, addressed as follows:

Allstate Insurance  
P.O. Box 21168  
Roanoke, VA 24018

- [X]    {BY MAIL} As follows: I am "readily familiar" with the business practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at Ontario, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.
- [ ]    {BY PERSONAL SERVICE} I caused such envelope to be delivered by hand to the offices of the addressee.
- [ ]    {BY FACSIMILE MACHINE} I caused the above-referenced document to be transmitted via facsimile machine on June 12, 2019 to the interested parties at the facsimile number noted above.
- [X]    {STATE} I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on June 12, 2019

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Print Name

JUN 17 2019



**Allstate.**  
You're in good hands.

Roanoke National Subrogation Claim Cntr  
P.O. BOX 21169  
ROANOKE VA 24018



CITY OF HERMOSA BEACH  
1315 VALLEY DR  
HERMOSA BEACH CA 902543846

May 28, 2019

CLAIM NUMBER: 0537657173 F5G  
DATE OF LOSS: March 07, 2019  
OUR INSURED: CHRISTOPHER HAUETER  
YOUR FILE NUMBER:  
YOUR INSURED:  
ADDRESS:

PHONE NUMBER: 800-776-2615  
FAX NUMBER: 866-361-9742  
OFFICE HOURS: Mon - Fri 7:30 am - 6:00 pm

CITY STATE ZIP: , ,  
LOSS LOCATION: prospect ave, hermosa beach, , CA  
AMOUNT OF LOSS: \$1,592.85

## Re: Subrogation Claim Notice

Dear CITY OF HERMOSA BEACH,

Our investigation indicates your insured was responsible for the loss referenced above.

Please accept this letter as notice of our subrogation claim. Enclosed, you will find copies of the supporting documents for which we are seeking reimbursement. To assist you in your review, the following is a breakdown of our subrogation demand:

Auto Damage (Company Paid):	\$1,092.85
Rental:	\$
Towing:	\$
Other:	\$
Deductible (Customer Paid):	\$500.00
Salvage Recovery:	\$
Insured Out of Pocket (please send directly to our Insured):	\$

Please forward your payment with our claim number to:

**Allstate Payment Processing Center  
P.O. BOX 650271  
Dallas, TX 75265 0271**

Be advised that any amounts received from you for less than the amount demanded will be considered an undisputed partial payment amount only, and we retain the right to pursue full payment.

We ask that you direct any future correspondence to the address listed at the top of this letter.

If corresponding by e-mail, please send to [claims@claims.allstate.com](mailto:claims@claims.allstate.com) and refer to the Allstate claim number on the subject line. Thank you.

0537657173 F5G

JUN 17 2019

Sincerely,

***RIKKI WEST***

RIKKI WEST  
800-776-2615 Ext. 7257129  
Allstate Northbrook Indemnity Company

SUBU033

0537657173 F5G

Report Date: 05/28/2019

JUN 17 2019

**Payment Ledger**

Policy Holder:	CHRISTOPHER & MELISSA HAUETER	Total Amount Paid	\$1,092.85
Participant:	CHRISTOPHER HAUETER	Medical Deductible:	\$0.00
Date of Loss:	03/07/2019	Co-payment Amount	\$0.00
Claim Number:	0537657173		

Payment/Credit Date	Payee/Payor	Check#	Amount
04/04/2019	SERVICE KING BELLFLOWER MSO	13443	\$ 1,092.85

JUN 17 2019

# Service King Collision Repair Center #311

To schedule repairs please call 1-866-730-5464  
8732 Park Street, Bellflower, CA 90706  
Phone: (562) 531-6600  
FAX: (562) 531-9087

Workfile ID: 06e9f2a3  
Federal ID: 75-1781281  
State EPA: CAL000416162  
BAR: ARD283200

## Supplement of Record 1 with Summary

**Customer: HAUETER, CHRISTOPHER**

**Job Number: 3603701**

Written By: Robert Ruacho, 3/26/2019 8:21:43 AM

Insured:	HAUETER, CHRISTOPHER	Policy #:	000924488515	Claim #:	000537657173H01
Type of Loss:	Comprehensive	Date of Loss:	3/7/2019 12:00 PM	Days to Repair:	0
Point of Impact:	12 Front				

**Owner:**

HAUETER, CHRISTOPHER  
1041 AVENUE D  
REDONDO BEACH, CA 90277-4907  
(424) 241-8777 Day

**Inspection Location:**

Service King Collision Repair Center #311  
8732 Park Street  
Bellflower, CA 90706  
Repair Facility  
(562) 531-6600 Business

**Insurance Company:**

ALLSTATE NORTHBROOK INDEMNITY COMPANY  
L A CENTRAL AUTO  
P.O. BOX 1800  
CORONA, CA 92878

## VEHICLE

2016 TESL Model S 70 RWD 2016.5 \*Ltd Avail\* 4D SED Electric- Electric black

VIN:	5YJSA1E17GF120418	Interior Color:		Mileage In:	31,921	Vehicle Out:	
License:	7RJE347	Exterior Color:	black	Mileage Out:			
State:	CA	Production Date:	12/2015	Condition:	Fair	Job #:	3603701

**TRANSMISSION**

Automatic Transmission

**POWER**

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors  
Power Driver Seat  
Power Passenger Seat  
Memory Package

**DECOR**

Dual Mirrors  
Tinted Glass  
Console/Storage

Wood Interior Trim

**CONVENIENCE**

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Message Center  
Steering Wheel Touch Controls  
Telescopic Wheel  
Climate Control  
Navigation System  
Remote Starter  
Backup Camera w/Parking Sensors

Home Link

**RADIO**

AM Radio  
FM Radio  
Stereo  
Search/Seek  
Auxiliary Audio Connection

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Hands Free Device  
Blind Spot Detection

Lane Departure Warning

**SEATS**

Cloth Seats  
Heated Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Traction Control  
Stability Control  
Rear Spoiler  
Xenon Headlamps  
Power Trunk/Gate Release



JUN 17 2019

## Supplement of Record 1 with Summary

Customer: HAUETER, CHRISTOPHER

Job Number: 3603701

2016 TESL Model S 70 RWD 2016.5 \*Ltd Avail\* 4D SED Electric- Electric black

Line		Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	S01	***** FINAL COPY OF THE ESTIMATE GIVEN TO CUSTOMER *****		1			
2			<b>FRONT BUMPER &amp; GRILLE</b>					
3	*	Rpr	Center grille w/o prk sensor				3.5	1.1
4			Add for Clear Coat					0.4
5			O/H bumper assy				3.5	
6		R&I	Grille surround				Incl.	
7		Repl	Emblem	101744200B	1	28.00	Incl.	
8	#	Refn	Basecoat Reduction (Full Clear)					-0.5
9	* <>	Rpr	Bumper cover w/prk sensor, w/o auto pilot				1.0	3.0
10			Overlap Major Non-Adj. Panel					-0.2
11			Add for Clear Coat					0.6
12	*	S01 Repl	License bracket	600590300C	1	22.00	0.2	
13		Repl	Add for park sensor		1		0.5	
14			<b>FRONT LAMPS</b>					
15		Repl	LT Repeater lamp w/o auto pilot base	600770700C	1	75.00	0.2	
16			<b>HOOD</b>					
17	#	Refn	Basecoat Reduction (Full Clear)					-0.5
18	#	Rpr	Prime, Block, Sand				0.5	
19	*	Rpr	Hood (ALU)				3.0	3.3
20			Overlap Major Non-Adj. Panel					-0.2
21			Add for Clear Coat					0.6
22	#	Rpr	POLISH RT W/SHIELD PILLAR				0.5	
23	#		Hazardous Waste Removal		1	10.00 X		
24	#	Rpr	Post Scan Vehicle Diagnostics (Price included with Pre Scan)				1.0 M	
25			<b>MISCELLANEOUS OPERATIONS</b>					
26	#	Repl	Cover Car		1	10.00 T		
27	#		Flex Additive		1	8.00		
28	#		Bumper Repair Kit		1	25.00		
<b>SUBTOTALS</b>						<b>178.00</b>	<b>13.9</b>	<b>7.6</b>

JUN 17 2019

## Supplement of Record 1 with Summary

Customer: HAUETER, CHRISTOPHER

Job Number: 3603701

2016 TESL Model S 70 RWD 2016.5 \*Ltd Avail\* 4D SED Electric- Electric black

**ESTIMATE TOTALS**

Category	Basis		Rate	Cost \$
Parts				158.00
Parts Discount	\$ 125.00		-5.0 %	-6.25
Body Labor	12.9 hrs	@	\$ 49.00 /hr	632.10
Paint Labor	7.6 hrs	@	\$ 49.00 /hr	372.40
Mechanical Labor	1.0 hrs	@	\$ 85.00 /hr	85.00
Paint Supplies	7.6 hrs	@	\$ 38.00 /hr	288.80
Miscellaneous				20.00
Subtotal				1,550.05
Sales Tax	\$ 450.55	@	9.5000 %	42.80
<b>Grand Total</b>				<b>1,592.85</b>
Deductible				500.00
<b>CUSTOMER PAY</b>				<b>500.00</b>
<b>INSURANCE PAY</b>				<b>1,092.85</b>

JUN 17 2019

## Supplement of Record 1 with Summary

Customer: HAUETER, CHRISTOPHER

Job Number: 3603701

2016 TESL Model S 70 RWD 2016.5 \*Ltd Avail\* 4D SED Electric- Electric black

## SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
<b>Changed Items</b>							
10		Repl License bracket	600590300C	1	-68.40	-0.2	
12	*	S01 Repl License bracket	600590300C	1	<u>22.00</u>	0.2	
<b>Added Items</b>							
1	#	S01 ***** FINAL COPY OF THE ESTIMATE GIVEN TO CUSTOMER *****		1			
<b>SUBTOTALS</b>					<b>-46.40</b>	<b>0.0</b>	<b>0.0</b>

## TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			-46.40
Parts Discount	\$ -46.40	-5.0 %	2.32
Subtotal			-44.08
Sales Tax	\$ -44.08 @	9.5000 %	-4.19
<b>Total Supplement Amount</b>			<b>-48.27</b>
<b>NET COST OF SUPPLEMENT</b>			<b>-48.27</b>

## CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	1,641.12	Robert Ruacho
Supplement S01	-48.27	Robert Ruacho

<b>Job Total:</b>	\$	<b>1,592.85</b>
<b>CUSTOMER PAY:</b>	\$	<b>500.00</b>
<b>INSURANCE PAY:</b>	\$	<b>1,092.85</b>

**Customer: HAUETER, CHRISTOPHER****Job Number: 3603701**

2016 TESLA Model S 70 RWD 2016.5 \*Ltd Avail\* 4D SED Electric- Electric black

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR7QA12, CCC Data Date 03/15/2019, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinishing operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2019 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

**SYMBOLS FOLLOWING PART PRICE:**

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

**SYMBOLS FOLLOWING LABOR:**

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

**OTHER SYMBOLS AND ABBREVIATIONS:**

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blend=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

**Supplement of Record 1 with Summary**

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**Customer: HAUETER, CHRISTOPHER****Job Number: 3603701**

2016 TESL Model S 70 RWD 2016.5 \*Ltd Avail\* 4D SED Electric- Electric black

IMPORTANT INFORMATION ABOUT THE NAMED INSURANCE COMPANY'S CHOICE OF PARTS POLICY.

THIS ESTIMATE MAY LIST PARTS FOR USE IN THE REPAIR OF YOUR VEHICLE THAT ARE MANUFACTURED BY A COMPANY OTHER THAN THE ORIGINAL MANUFACTURER OF YOUR VEHICLE. THESE PARTS ARE COMMONLY REFERRED TO AS AFTERMARKET PARTS OR COMPETITIVE PARTS, AND MAY INCLUDE COSMETIC OUTER BODY CRASH PARTS SUCH AS HOODS, FENDERS, BUMPER COVERS, ETC. THE INSURANCE COMPANY GUARANTEES THE AFTERMARKET OR COMPETITIVE CRASH PARTS ARE AT LEAST EQUAL TO THE ORIGINAL EQUIPMENT MANUFACTURER PARTS IN TERMS OF KIND, QUALITY, SAFETY, FIT AND PERFORMANCE THAT ARE LISTED ON THIS ESTIMATE AND ACTUALLY USED IN THE REPAIR OF YOUR VEHICLE FOR AS LONG AS YOU OWN IT. IF A PROBLEM DEVELOPS WITH THE KIND, QUALITY, SAFETY, FIT AND PERFORMANCE OF THESE PARTS, THEY WILL BE REPAIRED OR REPLACED AT THE INSURANCE COMPANY'S EXPENSE. THIS GUARANTEE IS LIMITED TO THE REPAIR OR REPLACEMENT OF THE PART. HOWEVER, IF YOU CHOOSE NOT TO USE ONE OR MORE OF THE AFTERMARKET OR COMPETITIVE CRASH PARTS THAT MAY BE LISTED ON THIS ESTIMATE IN THE REPAIR OF YOUR VEHICLE, THE INSURANCE COMPANY WILL SPECIFY THE USE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS, EITHER NEW OR RECYCLED AT THE INSURANCE COMPANY'S OPTION, AT NO ADDITIONAL COST TO YOU. THE INSURANCE COMPANY DOES NOT SEPARATELY GUARANTEE THE PERFORMANCE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS, AND MAKES NO REPRESENTATION ABOUT THE AVAILABILITY OF ANY MANUFACTURER'S GUARANTEE.