



**CLAIM FOR MONEY OR DAMAGES
AGAINST THE COUNTY OF ORANGE**
(Pursuant to Govt. Code section 910 et seq.)

1124-1436
Received by _____ via:
 Mail
 Over the Counter
 Pony Mail
 Other *** COB USE ONLY ***

Completed and signed forms must be mailed or delivered to: Clerk of the Board of Supervisors
400 W. Civic Center Drive, 6th Floor
Santa Ana, CA 92701

INSTRUCTIONS: Claims related to personal injury or damage to personal property must be presented within six (6) months from the date of loss. Claims related to any other loss must be presented not later than one (1) year from the date of loss. (See Government Code Section 911.2)
Please answer all items fully and to the best of your ability. Failure to do so may be grounds for deeming your claim insufficient. If more space is needed, please attach additional pages.

CLAIMANT INFORMATION

- Claimant's Name: CHRISTIAN JAMES ANDERSON 2. Date of Birth: 07/19/1991
- Claimant's Address: 1610 WEST OCEAN FRONT Newport Beach, CALIF, 92663
Street (or P.O. Box) City State Zip Code
- Phone Number: 949-675-6377 714-396-6935 (FATHER - PETA ANDERSON)
Home Work Other
- Name and address where correspondence should be sent (if different from above):

_____	_____	_____	_____	_____
Name	Street (or P.O. Box)	City	State	Zip Code

CLAIM INFORMATION

- Exact date (including year) of the accident/incident/loss: SEPTEMBER 9TH, 2024
(AIRPORT FIRE)
- Exact location of the accident/incident/loss (Be as specific as possible; Example: On the southeast corner of 6th and Broadway in the City of Santa Ana):
CASIN #25, HOLY JIM CANYON, TRABUCO CANYON, CALIFORNIA 92679
- Describe the circumstances of how the accident/incident/loss occurred including the reason you believe the County of Orange is liable for your damages:
AIRPORT FIRE - STARTED BY ORANGE COUNTY ROAD CREW
135 ACCIDENT

9. Jail Booking Number: _____ Police Agency/Report Number: _____

10. Describe the damage/injury/loss incurred so far as is known as of the time of this claim:

COMPLETE DESTRUCTION OF CASIN AND STORAGE SHED

11. Name(s) of County employee(s) causing damage/injury/loss, if known: _____

UNKNOWN

12. License number of County vehicle (if applicable): N/A

13. Name, address and phone number of any and all witnesses known: N/A

14. Any additional information that may assist us in evaluating your claim: _____

DAMAGES CLAIMED

15. a. If the amount claimed is less than \$10,000:

Amount claimed to present: \$ _____

Estimated amount of any prospective damage/injury/loss: \$ \$500,000 STRUCTURES, \$75,000 PERSONAL

TOTAL AMOUNT CLAIMED: \$ \$575,000

b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$35,000 or less)?

Check one: Yes _____ No X

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): _____

SEE ATTACHMENTS FOR FURTHER INFORMATION

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM
(PENAL CODE § 72)**

I have read the matters and statements in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and belief and as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

SA
Signature of Claimant/Claimant's Representative

11/26/2024
Date

THIS CLAIM FORM MUST BE SIGNED!!



725 S. Figueroa St., Ste. 3900
Los Angeles, CA 90017
(800) 339-4099
www.cfpnet.com

October 8, 2024

Christian James Anderson
1610 W Oceanfront ,
Newport Beach, California 92663-4518

RE:	Insured:	Christian James Anderson -
	Policy No.:	CFP 0100653223
	Loss Location:	Lot 25, Holy Jim Recreation Residence, Trabuco Canyon, California 92679
	Date of Loss:	09/09/2024
	Cause of Loss:	Fire
	Claim No.:	D2401380

Dear Christian James Anderson:

This letter is to provide a status of the above claim. The following items are needed to resolve your claim:

- We are pending the inspection report to continue with the evaluation of your loss.

Once the needed information is received, we will contact you regarding resolution of your claim. If you have any questions, please contact me at the number below.

Sincerely,
Thelma Montoya
Claims Professional
(213)-261-4877
tmontoya@cfpnet.com



California FAIR Plan Association
DWELLING INSURANCE POLICY DECLARATIONS

TRANSACTION TYPE Dwelling - Renewal Offer

CALIFORNIA FAIR PLAN
 PROPERTY INSURANCE
 725 S. Figueroa Street, Suite 3900
 Los Angeles, CA 90017
 (800) 339-4099
 www.cfpnet.com

YOUR INSURANCE BROKER
 SAFE LIFE FINANCIAL GROUP INC.
 232 AVENIDA FABRICANTE STE 105
 SAN CLEMENTE, CA 92672
 PHONE NUMBER (888) 633-6632

DATE ISSUED 06/13/2024
 POLICY NUMBER CFP 0100653223 04
 POLICY PERIOD 08/15/2024 To 08/15/2025
 12:01 a.m. at the property location

INSURED NAME AND MAILING ADDRESS
 CHRISTIAN JAMES ANDERSON
 1610 W OCEANFRONT
 NEWPORT BEACH, CA 92663-4518

PROPERTY LOCATION
 LOT 25, HOLY JIM RECREATION
 RESIDENCE TRACK CLEVELAND
 NATIONAL FOREST
 TRABUCO CANYON, CA 92679

IMPORTANT NOTICE TO INSURED

The FAIR Plan does not estimate the cost to rebuild your home, or the cost of labor and materials in your (or any other) area, or determine the appropriateness of the coverage you select. Instead, those are your responsibilities. However, we are required by law to tell you that, "The limit of liability for this structure (Coverage A) is based on an estimate of the cost to rebuild your home, including an approximate cost for labor and materials in your area, and specific information that you have provided about your home".

RATING INFORMATION

YEAR BUILT	OCCUPANCY	# OF UNITS	CONSTRUCTION TYPE	DEDUCTIBLE
1981	SEASONAL WINTER	1	FRAME	\$2,500

COVERAGE AND PREMIUM INFORMATION
 In case of loss we cover only that part of the loss which exceeds the deductible shown. We provide only those coverages, endorsements and perils shown below as (✓). These are brief summary descriptions; please read the entire policy for details. Ask your broker for assistance if you wish to obtain information about coverages you have not purchased.

COVERAGES, LIMITS, PERILS AND PREMIUMS

SELECTED COVERAGES	LIMITS	PERILS INSURED AGAINST	PREMIUM
✓ A - Dwelling	\$ 205,201	✓ Fire or Lightning, Internal Explosion and Smoke Damage	\$ 1,131
B - Other Structures <i>see reverse</i>	\$ 10,000	✓ Extended Coverages	\$ 17
C - Personal Property	\$ 50,000	✓ Vandalism or Malicious Mischief	\$ 16
D - Fair Rental Value	\$ 0		
✓ Ordinance or Law Coverage	\$ 20,520		
✓ Debris Removal (additional)	\$ 9,000		
Extended Dwelling Coverage	\$ 0		
✓ Dwelling Replacement Cost	INCLUDED		
✓ Inflation Guard	INCLUDED		
✓ Personal Property Replacement Cost	INCLUDED		
Fences	\$ 0		
Permitted Incidental Occupancy	\$ 0		
Plants, Shrubs and Trees	\$ 0		
Outdoor Radio and TV Equipment	\$ 0		
Awnings	\$ 0		
Signs	\$ 0		
Improvements, Alterations and Additions	\$ 0		
Total Annual Premium			\$ 1,164

THIS IS NOT A BILL

You will be sent a bill approximately 30 days prior to the renewal effective date

THIS POLICY INCLUDES BUILDING CODE UPGRADE COVERAGE (WHICH WE CALL ORDINANCE OR LAW COVERAGE). PLEASE SEE ATTACHED NOTICE



READ YOUR INSURANCE POLICY

Selecting the amount and type of insurance coverage appropriate for your needs is your responsibility.

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY NUMBER CFP 0100653223 04

SCHEDULE OF OTHER STRUCTURES

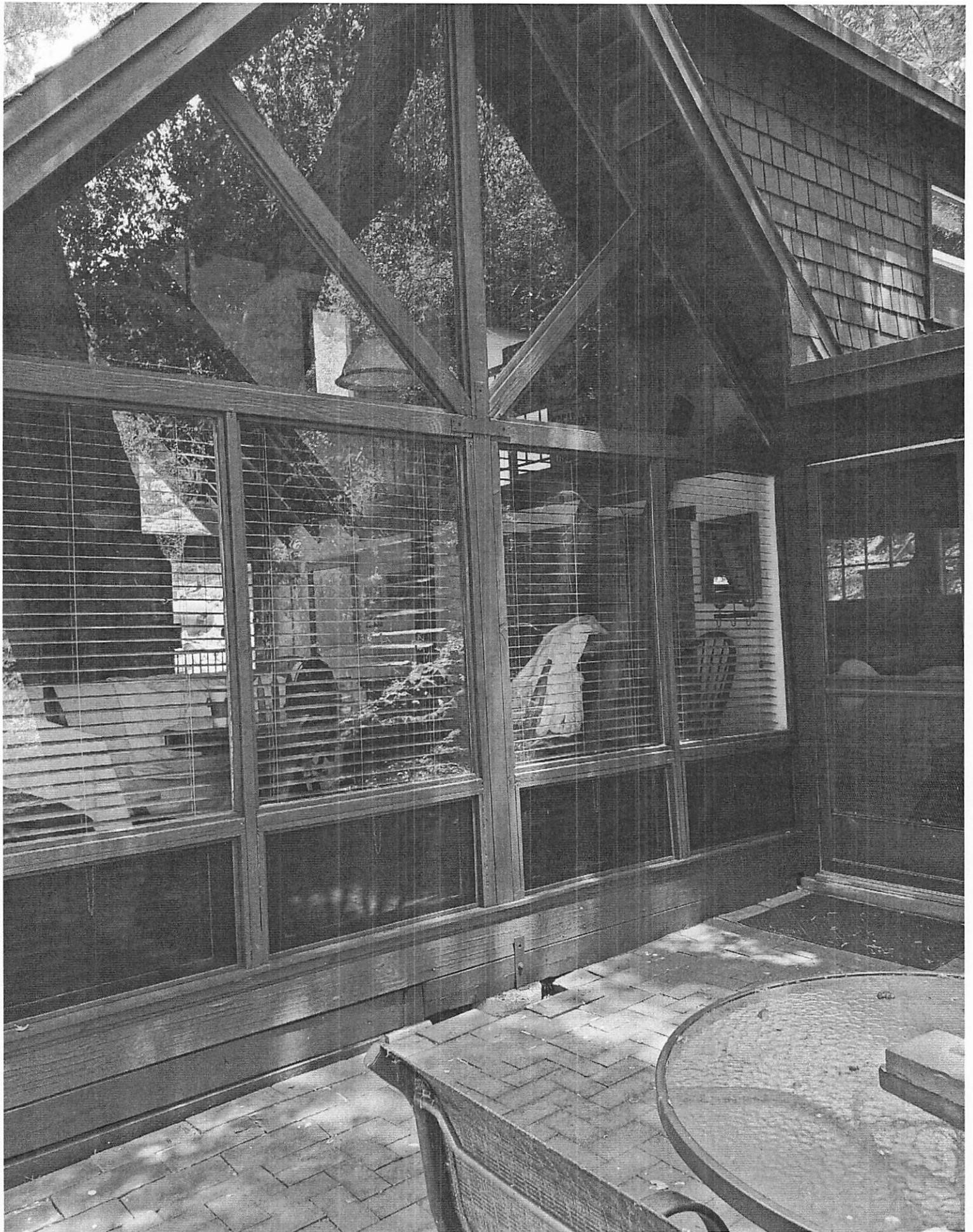
ITEM	DESCRIPTION OF COVERED PROPERTY	LIMIT OF LIABILITY
1.	SHED	\$ 10,000

THESE DECLARATIONS WITH FORMS AND ENDORSEMENTS LISTED ABOVE ARE YOUR INSURANCE POLICY

MESSAGE BOARD

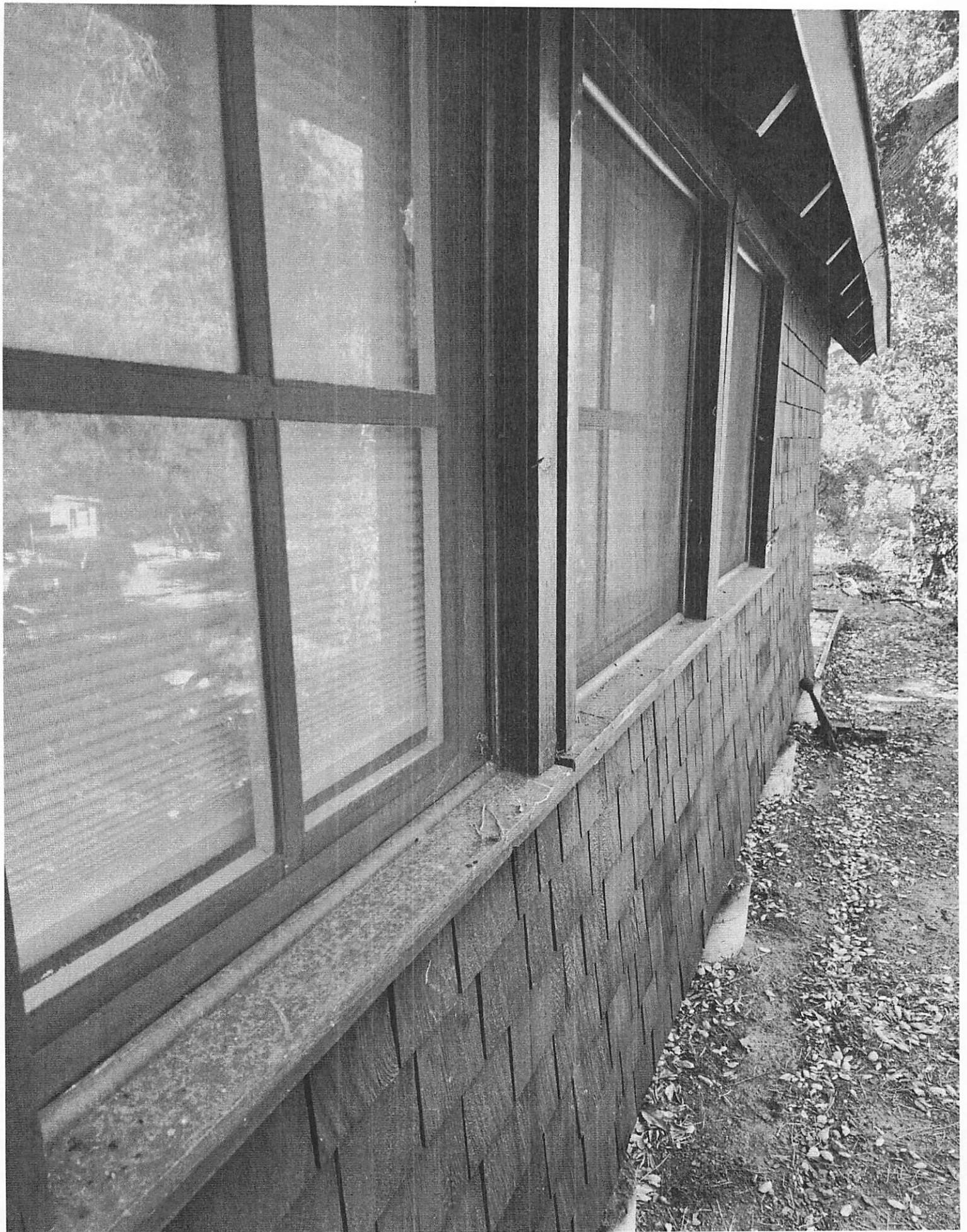
- ✓ This policy is a contract between us and the Named Insured(s) and any loss payees identified on this Declarations Page. This policy does not provide coverage to any person or entity not named here.
- ✓ New Personal Property Replacement Cost Coverage Available! You can now purchase replacement cost coverage for your personal property. Contact your agent or broker for more details.







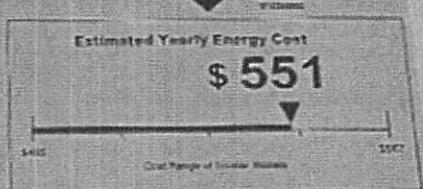






WE ARE HERE TO HELP!
 Please DO NOT RETURN hot water heater to the store.
 If you have any questions or need help, call us at 1-800-432-8373.
 We'll have a technician call you to help you.
 We'll have a technician call you to help you.
 We'll have a technician call you to help you.
1-800-432-8373

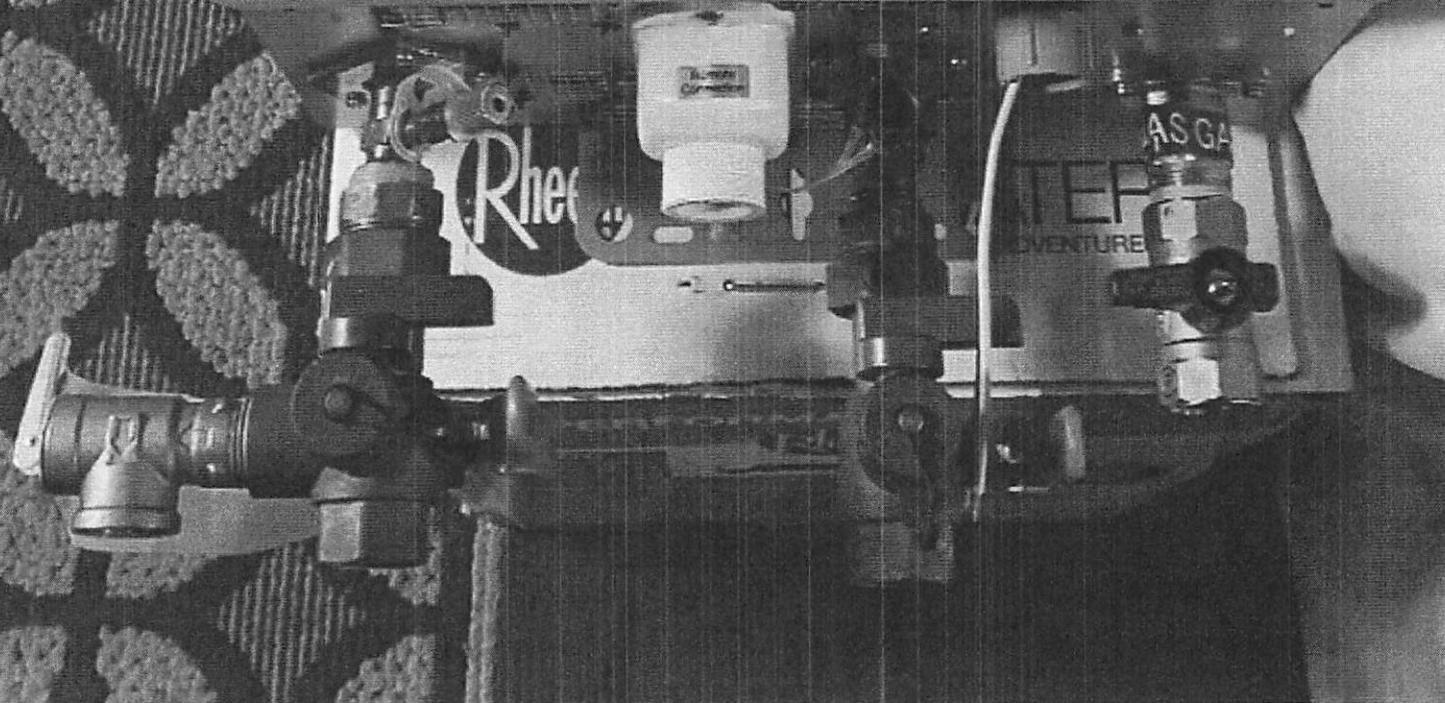
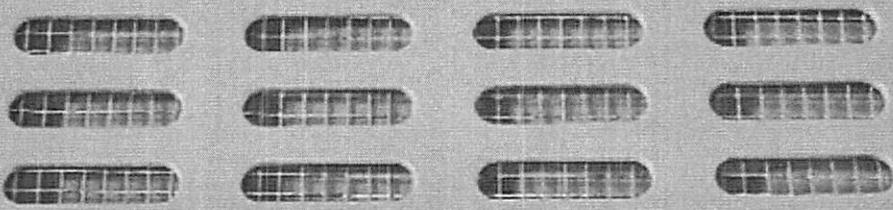
ENERGYGUIDE

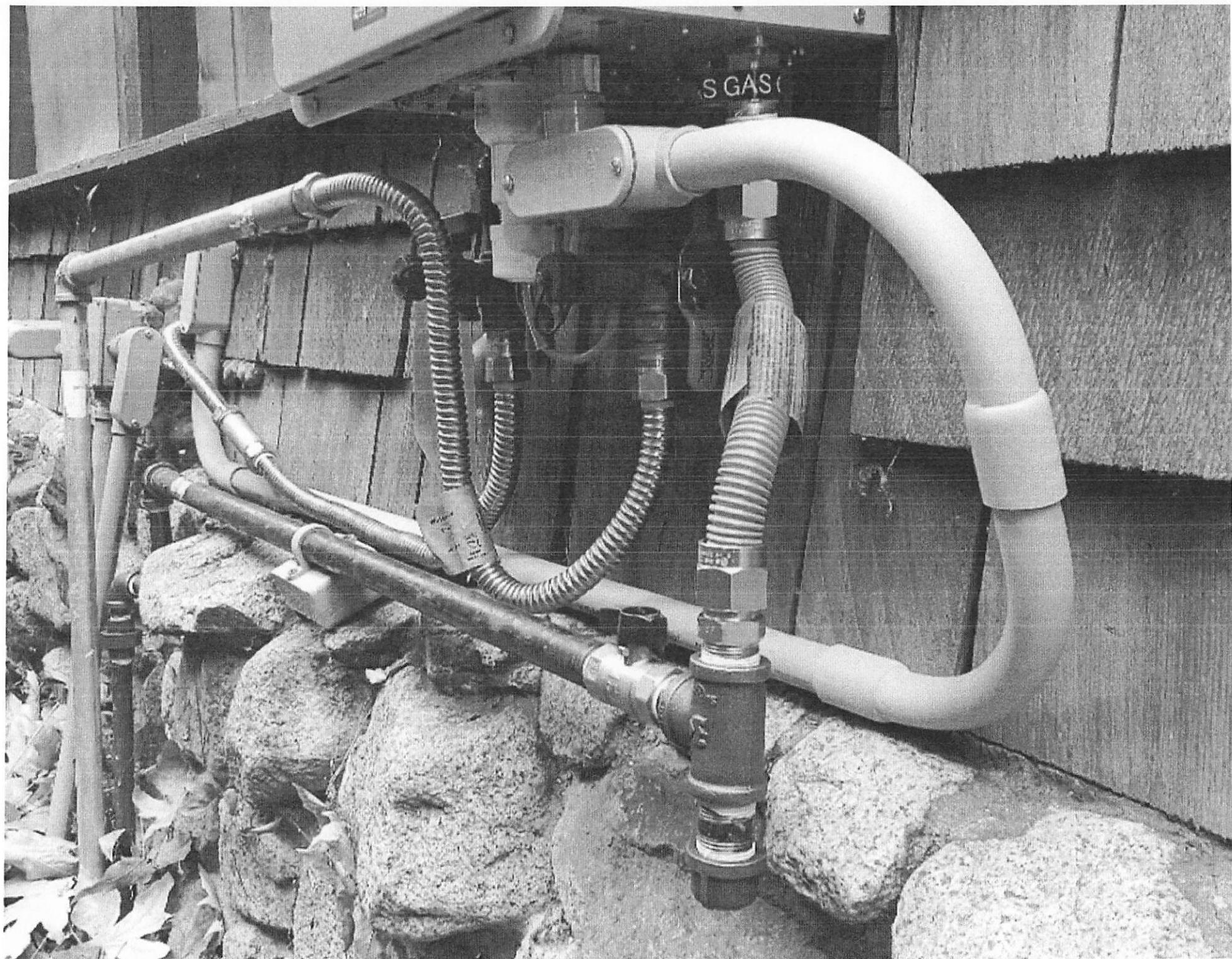


Maximum Gallons Per Minute of Hot Water (Per Minute)

Very Good	Good	Average	High
			4.5 GPM

- High cost of electricity may affect energy cost.
- This is a 1-year energy guide based on average use of 50 gallons per day.
- Estimated energy cost is based on an average hot water heater of 40 gallons per day.
- For more information, visit www.energysave.gov.





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