



Appraisal Report

Hudson Valley Auto Appraisers

P.O.Box 9670

Schenectady NY 12309

(518) 280-0222

Fax:

(518) 280-0225

HVAAALB.COM

dispatch@hvaaalb.com

Our File: 113395

Date: 11/03/2011

Appraiser: SHAUN CASSIDY

License #: IA986890

<p>Appraised For - LANCER INSURANCE COMPANY CLAIMS DEPARTMENT P.O. BOX 9123 PLAINVIEW NY 11803 516-349-8888 Fax: 516-349-9427 Attention: CHARLES SEMENTE Point of Impact: UNDERCARRIAGE</p>	<p>File Information - Claim #: 1923058 Policy #: NOT AVAILABLE Insured: DENNIS BATES Date of Loss: 09/01/2011 Date Received: 11/01/2011 Date Contacted: 11/01/2011 Date Inspected: 11/02/2011 Loss Type: COLLISION</p>
<p>Vehicle Owner - DENNIS BATES 432 JOHNSON HILL RD HOOSICK FALLS NY 12090 Home Telephone: - - Work Telephone: - - Ext:</p>	<p>Vehicle Information - Make: 2003 STERLING Model: LT-9 DAY CAB Style: Color: WHITE Plate: 12373PB Mileage: 664862 VIN: 2FZHAZAS53AK37602</p>

Vehicle is a total loss. See Total Loss Evaluation for suggested settlement.

This loss was evaluated by C.C.C. Reference #46401826

Valuation: No instant value.

Actual Cash Value: 26653.00 (See enclosed valuation report)

Estimated Repair Appraisal: 32968.38

Storage per day: 75.00

Towing: 0.00

Location: CLS TRANSPORTATION

Phone:

VEHICLE IS NOT DRIVABLE

No Old Damage Noted

Appraiser

Comments:

INSPECTED AND APPRAISED ON 11/02/2011

AT CLS TRANSPORTATION IN HOOSICK FALLS NY. VEHICLE IS TOTAL LOSS, SEE CCC WITH REQUEST #46401826 THERE WAS NO INSTANT VALUE AT TIME OF REQUEST ,THERE WILL BE ADDITIONAL PARTS AND LABOR. SUPPLEMENT IS LIKELY, DAMAGE TO FRAME RAILS TRANSMISSION, DRIVE SHAFT, REAR END,EXHAUST. THERE WAS NO KNOWN TOWING CHARGE AT CLS, THEY ARE CHARGING \$75.00 A DAY STORAGE.

THANK YOU,

Appraiser _____ SHAUN CASSIDY

Photographs

Our File #: 113395
Appraised For: LANCER INSURANCE COMPANY
Claim #: 1923058
Policy #:
Date Inspected: 11/02/11
Appraiser: Shaun Cassidy

Owner: DENNIS BATES
Date of Loss: 09/01/11
Location: CLS TRANSPORTATION

Signed: _____























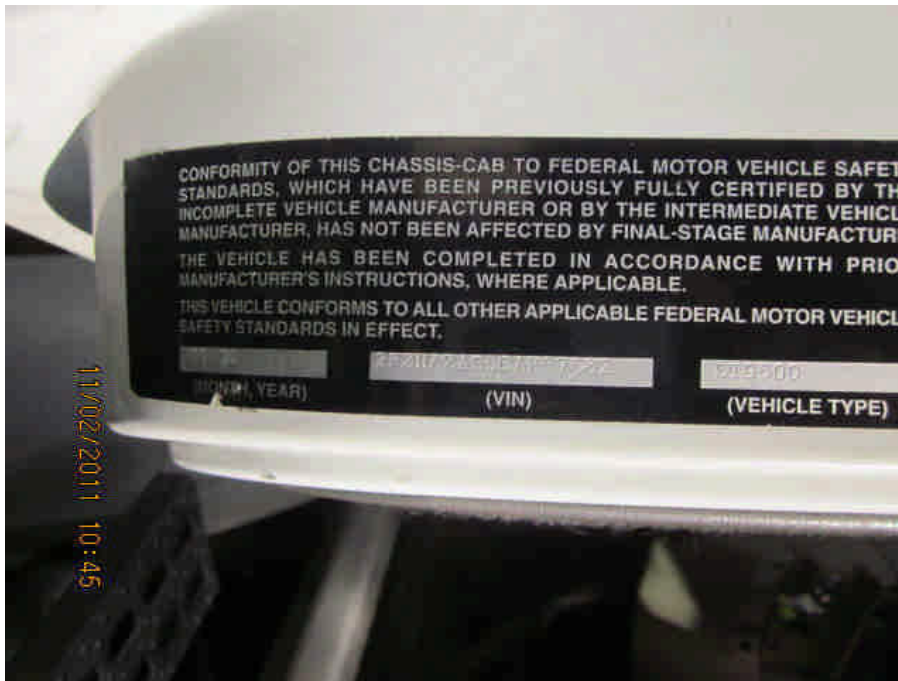
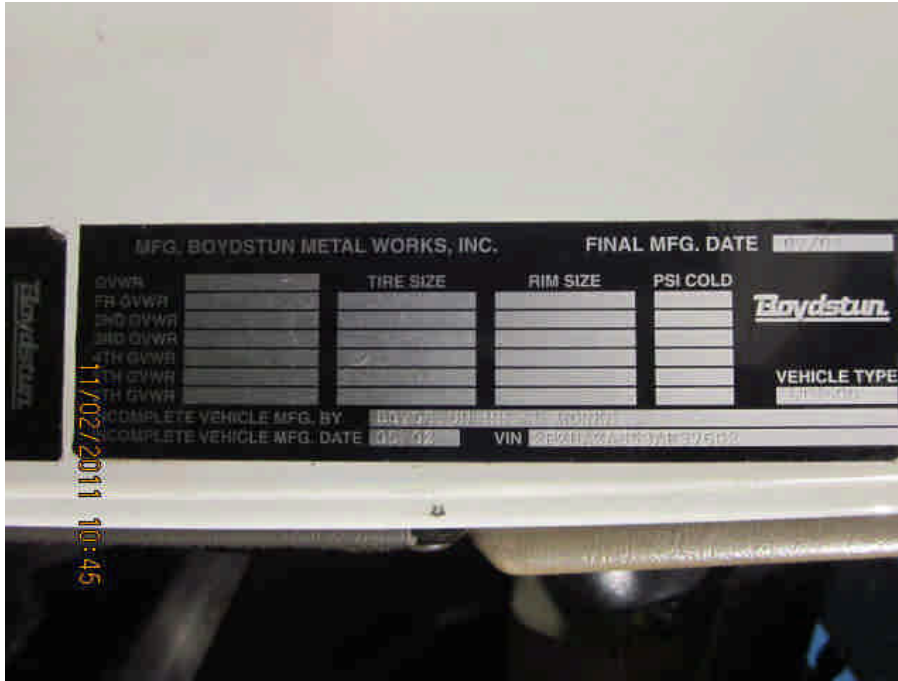














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Total Loss Report

Our File: 113395
 Date: 11/03/2011
 Appraiser: Shaun Cassidy
 License #: IA986890

Vehicle Owner -
 DENNIS BATES
 432 JOHNSON HILL RD
 HOOSICK FALLS NY 12090
 Home: - - Work: - -

Insurance Information -
 Company: LANCER INSURANCE COMPANY
 Attention: SEMENTE
 D.O.L: 09/01/2011
 Insured: DENNIS BATES
 Claim #: 1923058
 Policy #: Not Available

Vehicle Information -
 2003 STERLING
 Model: LT-9 DAY CAB
 Style:
 Color: WHITE
 Plate: 12373PB NY Mileage: 664862
 VIN: 2FZHAZAS53AK37602

Item		Book:		
		Vol	NADA Pg 0	Red Book Pg 0
Base Value			Included	Included
Mileage	664862		Included	Included
Engine	C12		Included	Included
			0.00	0.00

Deductions		Summary	
See Restoration for Detail	0.00	Average:	0.00
		Less Deductions:	0.00
		Sales Tax (0.00 %):	0.00
		Adjusted Value:	0.00
		Deductible	Unknown
		Suggested Settlement:	0.00
		(Subject to Deductible)	



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Schenectady NY 12309

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Towing & Salvage

Our File: 113395
Date: 11/03/2011
Appraiser: Shaun Cassidy
License #: IA986890

Vehicle Owner -

DENNIS BATES
432 JOHNSON HILL RD
HOOSICK FALLS NY 12090

Home: - - Work: - -

Insurance Information -

Company: LANCER INSURANCE COMPANY
Attention: SEMENTE
D.O.L: 09/01/2011
Insured: DENNIS BATES
Claim #: 1923058
Policy #: Not Available

Vehicle Information -

2003 STERLING
Model: LT-9 DAY CAB
Body:
Color: WHITE
Plate: 12373PB NY Mileage: 664862
VIN: 2FZHAZAS53AK37602

Storage is being accumulated at the rate of =====> 75.00 (Per day)

There is a tow invoice for =====> 0.00

The following companies have submitted verbal and/or written bids for salvage:

New York Truck Parts 12 Orgoman Rd. Wurtsboro New York NY 12790	845-888-8088	Bid	2500.00
POST BROTHER'S AUTO PARTS RTE 9W CATSKILL NY 12414	800-479-4808	Bid	2500.00

Appraiser Comments:

SALVAGE BIDS ARE AS FOLLOWS

NEW YORK TRUCK (845)888-8088 DAVE

POST (800)479-4808 JOE



INVOICE

Hudson Valley Auto Appraisers
P.O.Box 9670
Schenectady NY 12309
(518) 280-0222
Federal Tax ID #: 14- 1817381

Invoice #: 11-3802
Date: 11/07/2011
File #: 113395
Policy #:
Claim #: 1923058
Loss Date: 09/01/2011
Attention: CHARLES SEMENTE

To:
 LANCER INSURANCE COMPANY
 CLAIMS DEPARTMENT
 P.O. BOX 9123
 PLAINVIEW, NY 11803

Account #: LAN000
Insured: DENNIS BATES
Owner: Same

	4.00 Fee	@	65.00	260.00
	Total Loss			25.00
			<u>Total Due:</u>	285.00

Include Our Invoice Number 11-3802 on your check.

Remit Payment To: Hudson Valley Auto Appraisers Account #: LAN000
 P.O.Box 9670
 Schenectady NY 12309
 Phone: (518) 280-0222 Fax: (518) 280-0225
 Our Federal Identification Number is 14- 1817381

MEMBER I.A.D.A.
HUDSON VALLEY AUTO APPRAISERS, INC.
P.O. BOX 9670 SCHENECTADY, NY 12309
PHONE: (518) 280-0222 FAX: (518) 280-0225
WEBSITE: WWW.HAVAAALB.COM EMAIL ADDRESS: DISPATCH@HVAALB.COM

CD LOG NO 531 -0

11-03-11 10:25 AM

CORRECTED ESTIMATE

CLAIM INFORMATION

CLAIM #	1923058	POLICY #	
COMPANY	LANCER INSURANCE COMPANY	CLAIM REP	SEMENTE, CHARLES
FAX		WORK PH#	(516) 349-8888
INSURED	BATES, DENNIS	LOSS DATE	09-01-11
CLAIMANT		LOSS TYPE	COLLISION
FILE HNDLR	SEMENTE	FILE #	113395

INSPECTION

COMPANY	Hudson Valley Auto Appraisers		
TYPE	UNKNOWN		
PRIMARY POI	UNDERCARRIAGE	SECOND POI	
APPRAISER NAME	SHAUN CASSIDY		
LICENSE #	IA-986890		
WORK PHONE	(518) 220-0222	FAX	(518) 220-0225
ADDRESS	PO BOX 9670	INSP DATE	11-02-11
CITY STATE	SCHENECTADY NY	LOCATION	CLS TRANSPORTATION
ZIP	12309-	CITY STATE	HOOSICK FALLS NY

OWNER

BATES, DENNIS	WORK#
432 JOHNSON HILL RD	HOME#
HOOSICK FALLS NY 12090-	

REPAIR

REPAIR 0 DAYS

VEHICLE

2003 STERLING LT 9500 TRACTOR

OPTIONS

TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES

BODY COLOR	WHITE	MILEAGE	664,862
CONDITION	GOOD	VIN	2FZHAZAS53AK37602
LICENSE #	12373PB	CODE	T999
LICENSE STATE	NY	VEH INSP #	

REMARKS:

OP CODES:

* = USER-ENTERED VALUE	E = REPLACE OEM	NG = REPLACE NAGS
EC = QUALITY REPL. PART	UE = OE SURPLUS	UC = RECONDITIONED PRT
UM = REMAN/REBUILT PRT	EU = LIKE KIND & QUAL.PRT	EP = QUAL. REPL. PRT. RPT
OE = PXN OE SRPLS	PC = PXN RECONDITIONED	PM = PXN REMAN/REBUILT
TE = PARTL REPL PRICE	ET = PARTL REPT LABOR	IT = PARTIAL REPAIR

I = REPAIR	L = REFINISH	BR = BLEND REFINISH
TT = TWO-TONE	CG = CHIPGUARD	SB = SUBLET
N = ADDITIONAL LABOR	RI = R&I ASSEMBLY	P = CHECK
AA = APPEAR ALLOWANCE	RP = RELATED PRIOR	UP = UNRELATED PRIOR

OP	GDE	MC	DESCRIPTION	MFR.PART NO.	PRICE	AJ%	B%	HOURS	R
---	---	---	-----	-----	-----	---	---	-----	---
I			REPL FRONT DRIVE SHAFT	SUBLET	2,500.00*			4.0*1*	
E			REPL YOKE FRONT	REPLACE OEM	740.00*			2.5*1*	
E			REPL MUFFLER	REPLACE OEM	450.00*			2.5*1*	
E			REPL AIR TANK	REPLACE OEM	350.00*			2.0*1*	
I			TRANSMISSION	SUBLET	5,500.00*			5.0*1*	
RI			TRANSMISSION	R&I ASSEMBLY				8.0*1*	
I			REAR FRONT AXEL	SUBLET	1,250.00*			6.0*1*	
E			REPL RT FRAME RAIL	REPLACE OEM	3,137.33*			20.0*1*	
E			REPL LT FRAME RAIL	REPLACE OEM	3,137.33*			20.0*1*	
E			CROSSMEMBER TRANSMISSI	REPLACE OEM	565.63*			5.0*1*	
E			CROSSMEMBER CARRIER BR	REPLACE OEM	225.68*			5.0*1*	
E			CROSSMEMBER DRIVE SHA	REPLACE OEM	451.36*			10.0*1*	
E			CROSSMEMBER REAR SUSPE	REPLACE OEM	413.09*			5.0*1*	
E			CROSSMEMBER REAR SUSP	REPLACE OEM	1,154.96*			2.0*1*	
RI			R&I UPPER HEAD GEAR &	R&I ASSEMBLY				30.0*1*	
SB			SHIPPING ON FRAME RAIL	SUBLET	650.00*			1*	
I			ALLIGNMENT	SUBLET	250.00*			1*	
I			SETUP MEASURE	REPAIR				4.0*1*	
RI			SUSPENSION	R&I ASSEMBLY				6.0*1*	

19 ITEMS

FINAL CALCULATIONS & ENTRIES

PARTS

GROSS PARTS	\$ 10,625.38
OE SURPLUS PARTS	
OTHER PARTS	
PAINT MATERIAL	

ADJUSTMENTS

DISCOUNT

MARKUP

PARTS & MATERIAL TOTAL	\$ 10,625.38
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LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	\$ 89.00	118.0	19.0	\$ 12,193.00
2-MECH/ELEC	\$ 89.00			
3-FRAME	\$ 89.00			
4-REFINISH	\$ 89.00			
5-PAINT	\$ 24.00			

LABOR TOTAL	\$ 12,193.00
SUBLET REPAIRS	\$ 10,150.00
TOWING	
STORAGE	

GROSS TOTAL	\$ 32,968.38
LESS: DEDUCTIBLE	UNKNOWN-

NET TOTAL

\$ 32,968.38 TOTAL LOSS

PXN No

RECYCLED PARTS: No

AUDATEX PENPRO W0412 CES LOG531 -0 11-03-11 11:07:28

REL 4.12.30 DT 10/11

(C) 1993 - 2007 AUDATEX NORTH AMERICA, INC.

THE PREPARATION OF THIS ESTIMATE MAY HAVE BEEN BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. THERE ARE WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS. THESE WARRANTIES ARE PROVIDED BY THE MANUFACTURER AND/OR DISTRIBUTOR OF THE PARTS RATHER THAN BY THE ORIGINAL MANUFACTURER OF YOUR VEHICLE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES A OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

YOU ARE ENTITLED TO THE RETURN OF ALL REPLACED PARTS, EXCEPT WARRANTY AND EXCHANGE PARTS, BUT YOU MUST ASK FOR THEM IN WRITING BEFORE ANY WORK IS DONE. IF YOU AUTHORIZE WORK BY PHONE, THE SHOP MUST KEEP ANY REPLACED PARTS, AND MAKE THEM AVAILABLE WHEN YOU PICK UP THE VEHICLE.

ALL SUPPLEMENTAL DAMAGES (OTHER THAN PARTS PRICE CHANGES) UNCOVERED AFTER VEHICLE DIS ASSEMBLY, REQUIRE RE INSPECTION, PHOTOGRAPHS, AND CONFIRMATION OF SUPPLEMENTAL DAMAGE PRIOR TO REPAIR COMPLETION. PLEASE CALL THE HVAA OFFICE FOR THIS RE INSPECTION REQUEST. PLEASE NOTE, SUPPLEMENTAL REPAIRS COMPLETED PRIOR TO RE INSPECTION ARE SUBJECT TO DENIAL OF PAYMENT BY RESPECTIVE COMPANY GUIDELINES.

THIS IS NOT AN AUTHORIZATION TO REPAIR. AUTHORIZATION COMES FROM OWNER.
NO SUPPLEMENTS WITHOUT PRIOR APPROVAL.

CRV Office ID#: 21942 REQ #46401826

Report Retrieval Method	<i>Email</i>	<i>Fax</i>	<i>Other (Specify):</i>
Claim Representative Name: CHARLES SEMENTE	Claim Representative Email:		Claim Representative Contact #: 516-349-8888
Date of Loss (09//01/2011):	Claim #:1923058	Policy #:	Type of Loss:COLLISIO
Insured Name:DENNIS BATES	<i>Insured Phone #:</i> 518-788-7216	<i>Claimant Name:</i>	<i>Claimant Phone #:</i>
<i>Loss State:</i> NY	<i>Loss Zip Code:</i> 12090		
REQVIN: 2FZHAZAS53AK37602			

Cab Type: CONVENTIONAL	Transmission 10 SPEED	Fuel Tank:	# of Axles: <u>2</u>
Engine Manufacturer: CAT 12	Manufacturer:EASTON	Steel	_____
Horsepower: <u>450</u>	FULLER	Aluminum XX	# of Drive Axles: <u>2</u>
(Necessary for Class 6-8 Truck)	Other: _____	# of Tanks: <u>2</u>	_____
Transmission Manufacturer	Speeds: 10	Gallons: <u>80</u>	Gross Vehicle Weight:
<u>EASTON FULLER</u>	Engine: Diesel		_____ (lbs)
Sleeper Size: _____ (in)	Sleeper Options:	Cab Interior:	Front Wheels: I/S Rear Wheels
Sleeper Type:	Microwave	Standard X	Steel Steel XX
	TV	Deluxe	Aluminum XX Aluminum
	Refrigerator	Brougham	O/S Rear Wheels: Suspension:
	VCR/DVD		Steel XX
			Aluminum
			Front Tire Size: <u>22570R22.5</u>
			% of wear remaining: <u>75</u>
			Rear Tire Size: <u>22570R22.5</u>
			% of wear remaining: <u>75</u>
Overhaul:	Owner Operator Package:	Options:	Options:
In Frame Major	Yes X	AM X	Air Ride Drivers Seat X
Out of Frame Major	No	FM X	Air Ride Passenger Seat X
Date _____	Aero Dynamics:	ST X	Power Windows
Price _____	Full	CA	Power Locks
Mileage after overhaul	Roof Deflector	CD	Air Conditioning X
	Side Deflector	CD Stacker	Tilt Wheel
HitchType:		CB X	Cruise Control X
Fixed		Air BrakesX	Dual Exhaust
Air Slide		Jake BrakeX	Wetline Kit X
Manual Slide		PTO X	Double Frame
Pintle _____		Wind Deflector	

Truck Body Section Body Type: Other: _____ Year _____ Make _____ Model _____ Length _____ Width _____ Height _____	Exterior Construction: Other: _____ Floor Construction: Other: _____ Roof Construction: Other: _____	Floor Construction: Other: _____ Roof Construction: Other: _____	Bed Equipment: Hydraulic Lift Gate Manufacturer: _____ Capacity _____ (lbs) Tool box Roll up rear door Outriggers Swing rear door Curbside door Ramp Roadside door Shelving/Racks/Bins Bulkhead
--	--	--	---

Reefer Unit Manufacturer _____ Model # _____ Year _____ Hours _____ Overhaul Cost _____ Overhaul Date _____	Wrecker Unit Manufacturer _____ Model # _____ Year _____ Length _____ (ft) Single Line Dual Line Wheel lift Wheel dollies Rollback Tunnel box	Dump Box Manufacturer _____ Model # _____ Year _____ Size _____ (yds/ft) Air dump gate Coal door Heated Aluminum Manual Tarp Steel Electric Tarp	Cement Mixer Manufacturer _____ Model # _____ Year _____ Capacity _____ (yds) Discharge Type: Front Rear Garbage Truck Manufacturer _____ Model # _____ Year _____ Capacity _____ (yds) Load: Rear Side Front Other Bridgemaster Axle
Bus Manufacturer _____ Model # _____ Year _____ Number of passengers _____ Wheelchair lift Lift Manufacturer _____	Crane Manufacturer _____ Model # _____ Year _____ Lift capacity _____ (lbs) Boom length _____ (ft) Auto Crane: Manufacturer _____ Model # _____ Lift capacity _____ (lbs)	Tanker/Vacuum/Septic Manufacturer _____ Model # _____ Year _____ Capacity _____ (gal) Discharge Type: _____ Pump Manufacturer: _____ Model # _____ Number of compartments: _____ Commodity carried: Other: _____	Logging Manufacturer _____ Model # _____ Year _____ Number of Bunks: _____ Unloader/Crane Manufacturer: _____ Model # _____ Year _____ Bucket Manufacturer _____ Model # _____ Year _____ Single person Double Person Reach height: _____ (ft) Bucket mounted controls

Overall Condition Rating	(1) <i>Below Average</i>	(2) <i>Average</i>	(3) <i>Exceptional</i>
Additional Equipment (include price if applicable):			
<i>Pre Tax Adjustment:</i>		<i>Add:</i>	<i>Deduct:</i>

<i>Pre Tax Adjustment:</i>	<i>Add:</i>	<i>Deduct:</i>
<i>Sales Tax %:</i>	<i>Deductible:</i>	
<i>Post Tax Adjustment:</i>	<i>Add:</i>	<i>Deduct:</i>
<i>Post Tax Adjustment:</i>	<i>Add:</i>	<i>Deduct:</i>

Notes