

ORIGINAL

RECEIVED FPSC

SANIBEL BAYOU UTILITIES CO. 03 OCT 22 AM 9:25

13591 MCGREGOR BLVD. # 21
FORT MYERS, FL 33919

COMMISSION
CLERK

October 20, 2003

Ms. Blanca Bayo
Division of Commission Clerk and Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0865

Dear Ms. Bayo:

As requested in your Order No PSC-03-0699-PAA-SU,
issued June 9, 2003 in Docket Nos. 020439-SU and 020331-SU, here is
proof of insurance.

Any question, please feel free to call.

Thank you,

AUS _____ Gary Winrow
CAF _____
CMP _____ VP
COM _____
CTR _____
ECR _____ Enc. 1
GCL _____
OPC _____
MMS _____
SEC _____
OTH _____
1 to each docket

239-482-3711~FAX 239-482-3440 03 OCT 22 AM 8:48

DISTRIBUTION CENTER DOCUMENT NUMBER-DATE

10370 OCT 22 8

FPSC-COMMISSION CLERK

ACORD INSURANCE BINDER

DATE
9-1-03

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Sutton & Associates Insurance Agency, Inc. P.O. Box 3456 N. Fort Myers, Fl. 33918	PHONE (A/C. No., Ex): 239-995-7355	COMPANY Scottsdale Ins. Co.	BINDER #
CODE:	SUB CODE:	DATE EFFECTIVE 9-1-03	TIME 12:01
AGENCY CUSTOMER ID: INSURED Sanibel Bayous Utility Company, Inc. 13951 McGregor Blvd- Ste 21 Fort Myers, Fl. 33919	EXPIRATION DATE 11-01-03		
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:		X	AM PM
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)		X	12:01 AM NOON
		Sewage Disposal Treatment Plant 5325 SanCap Road, Captiva, Fl. 33924	

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/>				
GENERAL LIABILITY XX COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$1,000,000
		FIRE DAMAGE (Any one fire)		\$ 100,000
		MED EXP (Any one person)		\$ 5,000
		PERSONAL & ADV INJURY		\$1,000,000
		GENERAL AGGREGATE		\$1,000,000
		PRODUCTS - COMP/OP AGG		\$1,000,000
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT.		\$
		UNINSURED MOTORIST		\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE COLLISION: _____ OTHER THAN COLL: _____	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/>	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
		OTHER		
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS Florida Public Service Commission Capital Circle Office Center 2540 Shumard Oak Blvd. Tallahassee, Fl. 32399 Attn: Ms. Sam Merta	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		