



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: February 25, 2003
TO: Division of Commission Clerk and Administrative Services
FROM: Division of Economic Regulation (Fitch) RF
RE: Docket No. 020406-WU, Application for a Staff Assisted Rate Case by Pinecrest Ranches, Inc.

I neglected to include in my February 24, 2003, memo the attached copy of proof of liability insurance which was required Pursuant to Order No. PSC-03-0008-PAA-WU. The utility provided us with proof of insurance prior to the Order being issued. Please include this item in the docket file.

Thank You,

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC /
OTH _____

DOCUMENT NUMBER-DATE

01899 FEB 25 03

FPSC-COMMISSION CLERK

PINECREST RANCHES, INC.
P.O. BOX 369
HIGHLAND CITY, FL 33846

FACSIMILE TRANSMITTAL SHEET

TO: Ryan Fitch, PSC COMPANY:	FROM: Ruth Oxendine
FAX NUMBER: 850-413-6929	DATE: 12/18/02
PHONE NUMBER: 850-413-6928	TOTAL NO. OF PAGES INCLUDING COVER: 2
RE: Certificate of Liability To Sur.	SENDER'S TELEPHONE NUMBER: 863/537-1411
	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS: Ryan, Please let me know if there is anything further that you need for Pinecrest Ranches JAC.
Thx Ruth

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)
10/28/2002

PRODUCER
LANIER-UPSHAW, INC.
P.O. Box 468
Lakeland, FL 33802

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A Scottsdale Insurance Company

INSURED
Pinecrest Ranches, Inc.
P.O. Box 2898
Winter Haven, FL 33883

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	CLS0869208	6/26/2002	6/26/2003	GENERAL AGGREGATE \$ 2,000,000.
					PRODUCTS - COMP/OP AGG \$ 1,000,000.
					PERSONAL & ADV INJURY \$ 1,000,000.
					EACH OCCURRENCE \$ 1,000,000.
					FIRE DAMAGE (Any one fire) \$ 50,000.
					MED EXP (Any one person) \$ 5,000.
					COMBINED SINGLE LIMIT \$ EXCLUDED
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ EXCLUDED
					BODILY INJURY (Per accident) \$ EXCLUDED
					PROPERTY DAMAGE \$ EXCLUDED
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ EXCLUDED
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$ EXCLUDED
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$ EXCLUDED
					EACH OCCURRENCE \$ EXCLUDED
					AGGREGATE \$ EXCLUDED
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER				WC STATUTORY LIMITS OTH-ER
					EL EACH ACCIDENT \$ EXCLUDED
					EL DISEASE - POLICY LIMIT \$ EXCLUDED
					EL DISEASE - EA EMPLOYEE \$ EXCLUDED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Mr. Ryan Fitch
Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Richard F. Hull*