

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

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

DATE: June 17, 2015
TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk
FROM: Martha A. Golden, Regulatory Supervisor/Consultant, Division of Accounting & Finance *mg*
RE: Docket No. 130178-SU, Application for staff-assisted rate case in Polk County by Crooked Lake Park Sewerage Company – Proof of Purchase of Commercial General Liability Insurance

In compliance with Order No. PSC-15-0142-PAA-SU, issued March 26, 2015, the Utility has provided proof that the Utility has purchased commercial general liability insurance. In addition, the Utility has provided updated premium and payment information. Please add the attached documents to the docket file.

The docket should remain open pending completion of the Utility's Phase II pro forma projects and implementation of the Phase II rate increase. Should you have any questions regarding this matter, please feel free to contact me.

Attachment

REDACTED

RECEIVED-FPSC
15 JUN 17 PM 4:25
COMMISSION
CLERK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/13/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER WaterColor Management P.O. Box 1132 Decatur AL 35602	CONTACT NAME: Karen Abernathy PHONE (A/C, No, Ext): (256) 260-0412 FAX (A/C, No): (256) 355-3070 E-MAIL ADDRESS: kabernathy@watercolormanagement.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Tokio Marine Specialty Ins Co. 23850 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Crooked Lake Park Sewage Company 227 N Caloosa Lake Circle Winter Haven FL 33880-	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. <input checked="" type="checkbox"/> Professional Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WCM000435-00	05/12/2015	05/12/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 3,000,000 POLLUTION LIABILITY \$ 500,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NO ADDITIONAL INSURED
NO WAIVER OF SUBROGATION
NO PRIMARY AND NON-CONTRIBUTORY
FOR INFORMATION PURPOSES ONLY

CERTIFICATE HOLDER FOR INFORMATION PURPOSES ONLY FOR INFORMATION PURPOSES ONLY FOR INFORMATION PURPOSES ONLY	CANCELLATION No holders SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania
19004 610.617.7900 • Fax 610.617.7940 • PHLY.com

6/3/2015

Crooked Lake Park Sewage Company

5578 Commercial Blvd
Winter Haven, FL 33880

Re: WCM000435-00

Dear Valued Customer:

Thank you very much for choosing Tokio Marine Specialty Insurance Company for your insurance needs. Our first class customer service, national presence and A++ (Superior) A.M. Best financial strength rating have made us the selection by over 150,000 policyholders nationwide. I realize you have a choice in insurance companies and truly appreciate your business.

I wish you much success this year and look forward to building a mutually beneficial business partnership which will prosper for years to come. Welcome to PHLY and please visit PHLY.com to learn more about our Company!

Sincerely,

Robert D. O'Leary Jr.
President & CEO
Philadelphia Insurance Companies

RDO/sm



**PHILADELPHIA
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

**Tokio Marine Specialty Insurance Company
COMMON POLICY DECLARATIONS**

Policy Number: WCM000435-00

Crooked Lake Park Sewage Company
5578 Commercial Blvd
Winter Haven, FL 33880

Producer: 119813
MPR-FINTRA ALABAMA, INC
DBA WATERCOLOR MANAGEMENT
401 Lee St NE, Ste 606
Decatur. AL 35601-1908

Policy Period From: 05/12/2015 To: 05/12/2016

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: SEE CLASSIFICATION DISCRIPTION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	Premium
Commercial General Liability Coverage Part	\$1155.00
Professional Liability	Included
Pollution Liability	Included
Employment Practices Liability & Employee Benefits Liability	Included
Total Does Not Include Federal Terrorism Risk Insurance Act Coverage	

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE

Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD-PIC (01/07)

Countersignature

Authorized Representative

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. "SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Premium: \$1155.00 Fee: \$35.00 Tax: \$59.50 Stamping Fee: \$2.02

Donald L. Cleveland, Surplus Lines Agent: Donald L. Cleveland

Tokio Marine Specialty Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: WCM000435-00

Agent # 119813

LIMITS OF INSURANCE

Each Occurrence Limit	\$1,000,000	Employee Benefits Liability:	\$250,000
Personal & Advertising Injury Limit	\$1,000,000	Employee Benefits Aggregate Limits	\$250,000
General Aggregate Limit:	\$3,000,000	Professional Liability	\$1,000,000
Products-Completed Operations		Pollution liability :	\$500,000
Aggregate Limit:	\$3,000,000	Contractual Liability :	Included
Fire Legal Liability for Bldgs You Rent:	\$100,000	Stop Gap Liability Coverage	\$0.00
Medical Payment Limit:	\$10,000		

RETAINED LIMIT: \$0 Deductible \$0

PREMIUM COMPUTATION: Deposit Premium: \$1155.00 Underwriting & Admin Fee \$35.00

This Policy is subject to a **MINIMUM PREMIUM of \$1000.00**

Coverage for certified acts of terrorism has been rejected; exclusion attached.

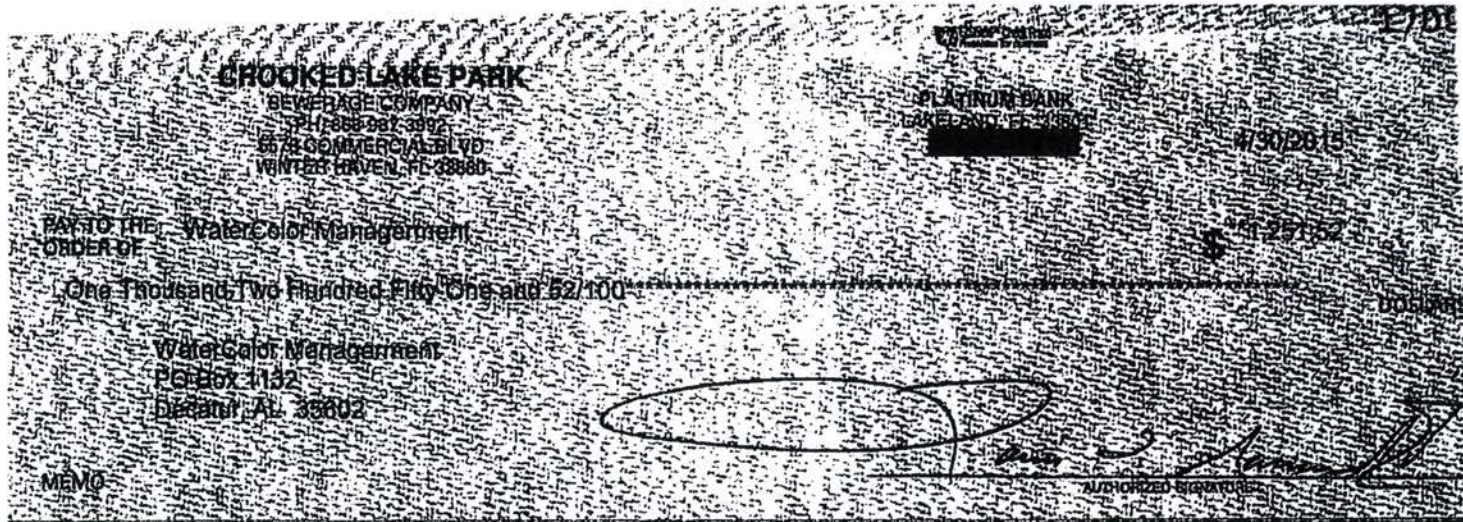
FORM OF BUSINESS: LLC

Location of Premises: 227 N. Caloosa Lake Circle, Lake Wales, FL 33853

Classification and Premium:

	Exposure Basis	Exposure Amount	Rate	Deposit Premium
	Receipts	\$140,000	\$5.00 per 1,000	\$1155.00
	Endorsements			
Excl.	Blanket AI CG 20 37		\$350.00	
Excl.	Blanket AI CG 20 10		\$350.00	
Excl.	Blanket Waiver of Subrogation		\$75.00	
Excl.	Primary & Non Contributory		\$150.00	
Excl.	CG 20 37 Individual AI		\$55.00 each	
Excl.	CG 20 10 Individual AI		\$35.00 each	
Excl.	Hired & Non-Owned Auto		\$250.00 or \$500.00	
Excl.	Designated Project(S)			
Excl.	General Aggregate Limit		\$350.00	
Excl.	Blanket Project(S)			
Excl.	General Aggregate Limit		\$500.00	
Excl.	Stop Gap Liability Coverage		\$	

REDACTED



CROOKED LAKE PARK
WaterColor Management

4/30/2015

1708

1,251.52

MAY 11 2015

Platinum Bank Operati

1,251.52