

FLORIDA UTILITY SERVICES 1, LLC
3336 GRAND BLVD. SUITE 102
HOLIDAY, FL. 34690
863-904-5574

October 14, 2015

Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL. 32399

RE: Docket # 140177 Application for a staff assisted rate case in Pasco County by Holiday Gardens Utilities, LLC AND Docket# 140175 Application for a staff assisted rate case for Crestridge Utilities, LLC

Dear Commission Clerk:

1. In response to question # 4 on Page 2 of the September 23rd letter by the Office of Public Council to Holiday Gardens, the \$1,525 was a journal entry made by the previous owners accountant which is for 1/3 of the 3 year water testing costs.
2. In response to question # 5 on Page 2 of the September 23rd letter by the office of Public Council to Crestridge Utilities, the \$1,210 was for liability insurance policy taken out by the former owners. This policy is no longer in effect. Attached is a copy of the current insurance policy invoices. Please note there is one policy for Crestridge and one policy for Holiday Gardens.

On behalf of the utility,

"S/" *Michael Smallridge*

Mike Smallridge

11:38 AM

10/14/16

Accrual Basis

Holiday Gulf Builders, Inc.
Transactions by Account
As of December 31, 2013

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
6100.1 · Liability/Property Insurance								
Check	01/07/2013	8674	Auto-Owners Insura...	12/11/12 - 12/11/13 General Liab		1000 · Checki...	151.38	151.38
Check	02/05/2013	8675	Auto-Owners Insura...	12/11/12 - 12/11/13 General Liab		1000 · Checki...	151.38	302.76
Check	03/08/2013	8711	Auto-Owners Insura...	12/11/12 - 12/11/13 General Liab		1000 · Checki...	454.17	756.93
Check	04/10/2013	8728	Auto-Owners Insura...	12/11/12-12/11/13 policy #0346...		1000 · Checki...	868.34	1,625.27
Check	04/30/2013	8730	Auto-Owners Insura...	workmans comp	X	1000 · Checki...	0.00	1,625.27
General Journal	12/31/2013	2013.1		Reverse 12/31/12 accounts pay...		6140.1 · Telep...	-302.76	1,322.51
General Journal	12/31/2013	2013.4		Record prepaid 2013 insurance		6115.1 · Work...	790.52	2,113.03
General Journal	12/31/2013	2013....		Allocated expenses to CRU		2400 · Interco...	-1,077.65 *	1,035.38
General Journal	12/31/2013	2013....		Allocate expenses to HGU		2100 · Interco...	-824.07	211.31
Total 6100.1 · Liability/Property Insurance							211.31	211.31
TOTAL							211.31	211.31

11:24 AM
 10/14/15
 Accrual Basis

Holiday Gulf Builders, Inc.
General Journal Transaction
 December 31, 2013

Num	Name	Memo	Account	Class	Debit	Credit
2013....		Allocated exp...	2400 · Intercompan...		52,756.66	
		Allocated exp...	5075 · Compliance ...			15.00
		Allocated exp...	6000.1 · Salary			22,191.10
		Allocated exp...	6010.1 · Payroll Tax...			1,827.33
		Allocated exp...	6020.1 · Group Insu...			4,413.27
		Allocated exp...	6100.1 · Liability/Pr...			1,077.65
		Allocated exp...	6115.1 · Workman'...			438.46
		Allocated exp...	6120.1 · Office Rent			4,262.07
		Allocated exp...	6130.1 · Electric - O...			324.62
		Allocated exp...	6140.1 · Telephone			2,090.62
		Allocated exp...	6190.1 · Auto			295.80
		Allocated exp...	6200.1 · Office Sup...			1,676.90
		Allocated exp...	6210.1 · Accounting...			3,034.50
		Allocated exp...	6250 · .1 Managem...			10,786.50
		Allocated exp...	6260.1 · Postage			272.83
		Allocated exp...	6400.1 · Corporate ...			50.01
					52,756.66	52,756.66
TOTAL					52,756.66	52,756.66

PREMIUM SUMMARY

DATE OF ISSUE: 12/3/14
EFFECTIVE DATE: 12/11/14
NAMED INSURED: Crestridge Utilities, LLC.

<u>Coverage</u>	<u>Annual Premium</u>
Commercial Property and Systems Breakdown (Property- Blanketed \$ 160,000 Limit/\$1,000 Deductible. Wind & Hail Deductible \$25,000. Flood Coverage is Excluded.	Included
General Liability- Payroll- Subcontractors - \$14,076, Limits \$1,000,000 per Occurrence/\$3,000,000 Aggregate. No Deductible Includes Failure to Supply, Product Contamination, & Named Pollution Coverage. SD047 00 03 04 - Exclusion - Designated Operations. Additional Insured (1).	Included
Business Automobile (Hired & Non-Owned Liability \$ 1,000,000 Limit)	Included
Terrorism Premium (Inclusion Endorsements SD0287 & SD290. See Attached Form – Only Sign & Return if Rejecting Coverage. Terrorism Aggregate Limit \$1,000,000 for Property & General Liability).	Included
State Surcharge	\$ 53.25
Policy Fee	\$ 200.00
Total Due in Order to Bind	\$ 2,505.25

Proposal Acceptance

**COVERAGE WILL BE BOUND FOR 10 DAYS PENDING RECEIPT OF PAYMENT.
PLEASE CHECK APPROPRIATE LINE AND FAX BACK**

PLEASE BIND WITH TERRORISM AS QUOTED ABOVE-1 YR TERM

PLEASE BIND WITHOUT TERRORISM AS QUOTED ABOVE – 1 YR TERM
(Signed Terrorism Form Must be Returned to Bind)

Signature



Date

12-8-14

PLEASE BE ADVISED

ALL COVERAGE OVERVIEWS WITHIN THIS PROPOSAL ARE GIVEN HERE FOR ILLUSTRATIVE PURPOSES ONLY. PLEASE BE CERTAIN TO READ THE POLICY IN ITS ENTIRETY FOR ITS COMPLETE DETAILS, DEFINITIONS, TERMS AND CONDITIONS, LIMITATIONS AND EXCLUSIONS. INDICATIONS ARE JUST THAT, AND ARE SUBJECT TO FURTHER NEGOTIATIONS AND ADDITIONAL INFORMATION.

**PREMIUM FINANCE AGREEMENT
SECURITY AGREEMENT, DISCLOSURE STATEMENT AND LIMITED POWER OF ATTORNEY**

Flatiron Capital
1700 Lincoln St. 12th Floor
Denver, CO 80203

"LENDER"

SEND PAYMENTS TO:
FLATIRON CAPITAL
PO Box 712195
DENVER, CO 80271-2195

CHECK APPROPRIATE BOX(S)
 COMMERCIAL
 RENEWAL

PHONE: 800-800-2767 FAX: 800-813-8428

QUOTE NUMBER 456300

PRODUCER (Insurance Agent/Broker) NAME, ADDRESS and PHONE NUMBER James A Grundy Agency Inc 400 Horsham Rd Ste 150 Horsham, PA 19044 215-674-8171 AGENT NO. 311701	BORROWER (Insured) NAME, ADDRESS, and PHONE NUMBER CRESTRIDGE UTILITIES, LLC 1902 Barton Park Road #201 Auburndale, FL 33823 352-302-7406	<input type="checkbox"/> BORROWER in Bankruptcy Chapter 7 11 13 BORROWER SSN/FEIN
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1. SCHEDULE OF FINANCED POLICIES

NAME OF INSURANCE COMPANY AND GENERAL AGENT	TYPE OF POLICY	POLICY NUMBER	EFFECTIVE DATE	MIN EARNED (%)	SUBJECT TO AUDIT?	POLICY TERM (months)	PREMIUM (1) FIN TXS/FEES (2) NON-FIN TXS/FEES (3)
1336 Arch Insurance Company	PKG	GWPKG0188601	12/11/2014	0%		12	\$2,236.00 \$54.03 \$200.00

2. CERTAIN FINANCIAL TERMS

A	-B	+C	=D	+E	=F : (D+E)	ANNUAL PERCENTAGE RATE Cost of your credit as a yearly rate.
TOTAL PREMIUMS AND RELATED FEES	DOWN PAYMENT REQUIRED FROM BORROWER	FLORIDA DOC. STAMP TAX	AMOUNT FINANCED Amount of credit provided to you or on your behalf.	TOTAL FINANCE CHARGES Dollar amount the credit will cost you.	TOTAL OF PAYMENTS Amount paid after making all scheduled payments.	15.79%
\$2,490.03	\$658.01	\$6.65	\$1,838.67	\$135.63	\$1,974.30	

3. PAYMENT SCHEDULE

NUMBER OF PAYMENTS	PAYMENT FREQUENCY	DAY OF MONTH PAYMENTS ARE DUE	AMOUNT OF EACH PAYMENT	FIRST PAYMENT DUE DATE
10	Monthly Quarterly Monthly	11th	\$197.43	1/11/2015

4. REQUIRED DISCLOSURES

SECURITY INTEREST: Borrower hereby grants Lender a security interest in all insurance policies listed above and all unearned premium, return premium, dividend payments and loss payments thereof.
LATE CHARGE: If a payment is not made by the 5th day past due (or such later date as required by law), then Borrower will be charged a late charge (SEE SECTION 10 "LATE CHARGE" ON THE ADDITIONAL PROVISIONS PAGE OF THIS AGREEMENT FOR STATE SPECIFIC INFORMATION).
PREPAYMENT: If Borrower pays off early, Borrower will not have to pay a penalty and may be entitled to a refund of part of the finance charge.
CONTRACT REFERENCE: See the rest of this Agreement below, and ADDITIONAL PROVISIONS page, for additional information about nonpayment, default, required prepayment in full before the scheduled date, prepayment refunds and penalties.

5. PAYMENT PROVISIONS: Borrower promises to pay to Lender at Lender's address above, or such other place as Lender may designate, the Total of Payments shown above in consecutive periodic payments in the number, amounts, and at the dates disclosed in the above "Payment Schedule" until loan is fully paid. Any payments made by Borrower after default shall be credited to the then outstanding balance due under this Agreement. INSURED agrees that all installment payments due under this Agreement must be made directly to LENDER and payment made by INSURED to any other person, firm, agency or corporation do not constitute payment unless and until received by LENDER.

PREMIUM FINANCE NOTICE TO BORROWER / INSURED: (1) DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. (2) YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. (3) KEEP YOUR COPY OF THIS AGREEMENT TO PROTECT YOUR LEGAL RIGHTS. (4) UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGES.

When signed below by you, or on your behalf, you (Borrower) acknowledge receipt of a copy of this Agreement, acknowledge having full power and authority to enter into this Agreement and sign on behalf of all entities named above as Borrowers, and that you agree to the provisions printed above and on the ADDITIONAL PROVISIONS section of this Agreement and that both the front and any subsequent pages constitute the Agreement between Borrower and Lender. Borrower hereby requests Lender to pay the financed portion of its insurance policy premiums listed above, on its behalf.

12-8-14 
DATE SIGNATURE OF BORROWER/INSURED(S) OR DULY AUTHORIZED AGENT OF BORROWER(S) PRINT NAME & TITLE

PRODUCER REPRESENTATIONS AND CERTIFICATIONS

THE UNDERSIGNED REPRESENTS AND CERTIFIES: By signing or submitting this Premium Finance Agreement, the Producer makes the Producer's Representations and Certifications printed on the ADDITIONAL PROVISIONS page of this Agreement and agrees to be bound to the terms of this Agreement. Producer also agrees that there has been no assignment of any interest in the insurance policy(ies) except for the assignment to Lender and Lender may assign this Agreement, including Producer's Representations and Certifications under its normal course of business.

DATE SIGNATURE OF PRODUCER (AGENT/BROKER) PRINT NAME & TITLE

PREMIUM SUMMARY

DATE OF ISSUE: 12/3/14
EFFECTIVE DATE: 12/11/14
NAMED INSURED: Holiday Gardens Utilities, LLC.

<u>Coverage</u>	<u>Annual Premium</u>
<u>Commercial Property and Systems Breakdown</u> (Property- Blanketed \$ 108,000 Limit/\$1,000 Deductible. Wind & Hail Deductible \$25,000. Flood Coverage is Excluded.)	Included
<u>General Liability-</u> Payroll - Subcontractors - \$7,680, Limits \$1,000,000 per Occurrence/\$3,000,000 Aggregate. No Deductible SD057 Pollution Exclusion Endorsement. SD047 00 03 04 - Exclusion - Designated Operations. Additional Insured (1).	Included
<u>Business Automobile</u> (Hired & Non-Owned Liability \$ 1,000,000 Limit)	Included
<u>Terrorism Premium</u> (Inclusion Endorsements SD0287 & SD290. See Attached Form - Only Sign & Return if Rejecting Coverage. Terrorism Aggregate Limit \$1,000,000 for Property & General Liability).	Included
State Surcharge	\$ 45.56
Policy Fee	\$ 200.00
Total Due in Order to Bind	\$ 2,177.56

Proposal Acceptance

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Signature



Date

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SECURITY AGREEMENT, DISCLOSURE STATEMENT AND LIMITED POWER OF ATTORNEY**

Flatiron Capital
1700 Lincoln St. 12th Floor
Denver, CO 80203

"LENDER"

SEND PAYMENTS TO:
FLATIRON CAPITAL
PO Box 712195
DENVER, CO 80271-2195

CHECK APPROPRIATE BOX(S)	
<input checked="" type="checkbox"/>	COMMERCIAL
<input type="checkbox"/>	RENEWAL

PHONE: 800-800-2767 FAX: 800-813-8428

QUOTE NUMBER 456304

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1336 Arch Insurance Company	PKG	GWPKG0188701	12/11/2014	0%		12	\$1,917.00 \$46.37 \$200.00

2. CERTAIN FINANCIAL TERMS

A	-B	+C	=D	+E	=F : (D+E)	ANNUAL PERCENTAGE RATE
TOTAL PREMIUMS AND RELATED FEES	DOWN PAYMENT REQUIRED FROM BORROWER	FLORIDA DOC. STAMP TAX	AMOUNT FINANCED Amount of credit provided to you or on your behalf.	TOTAL FINANCE CHARGES Dollar amount the credit will cost you.	TOTAL OF PAYMENTS Amount paid after making all scheduled payments.	Cost of your credit as a yearly rate.
\$2,163.37	\$592.67	\$5.60	\$1,576.30	\$116.30	\$1,692.60	15.79%

3. PAYMENT SCHEDULE

NUMBER OF PAYMENTS	PAYMENT FREQUENCY		DAY OF MONTH PAYMENTS ARE DUE	AMOUNT OF EACH PAYMENT	FIRST PAYMENT DUE DATE
	Monthly	Quarterly			
10	Monthly		11th	\$169.26	1/11/2015

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SECURITY INTEREST: Borrower hereby grants Lender a security interest in all insurance policies listed above and all unearned premium, return premium, dividend payments and loss payments thereof.
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 DATE SIGNATURE OF PRODUCER (AGENT/BROKER) PRINT NAME & TITLE