

PINE HARBOUR WATERWORKS, INC.

FILED 5/3/2018
DOCUMENT NO. 03438-2018
FPSC - COMMISSION CLERK

May 3, 2018

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

*Re: Docket No. 20180022-WU - Application of Pine Harbour Waterworks, Inc.
for Staff Assisted Rate Case in Lake County – Response to Audit Report No. 2018-
047-1-1*

Dear Commission Clerk,

Pine Harbour Waterworks, Inc. (Pine Harbour or Utility) submits its response to Audit Control No. 2018-047-1-1 issued on May 2, 2018 in the above referenced docket.

Pine Harbour agrees with the majority of the Audit Findings with the exception of Audit Finding 6 – Operation and Maintenance Expense. Specifically, Pine Harbour takes exception with the adjustment to Account 657 – Insurance. The \$200 is an annual recurring Policy Fee charged each year from the insurance agent. The Policy Fee is an additional premium charge added to a policy by the agent or broker to service the insurance policy. This is not an “initial costs” as indicated by the Audit Finding, but a recurring annual amount.

Attached is a copy of the 2016 invoice. Since this is a new utility, Pine Harbour also included copies of premium summaries and invoices from 2014 – 2017 from Lakeside Waterworks, Inc. – a “sister” utility located in close proximity of Pine Harbour that shows that these are annual recurring prudent expensed charged and paid by utility.

Respectfully Submitted,



Troy Rendell
Vice President
Investor Owned Utilities
//For Pine Harbour Waterworks, Inc.

Invoice

Invoice Date
08/02/2016

Invoice Number
1837

PINE HARBOUR WATERWORKS, INC.
C/O MS. VICKIE PENICK
4939 CROSS BAYOU BLVD
NEW PORT RICHEY, FL 34652

C & C CONSULTANTS
P.O. BOX 701340
ST. CLOUD, FL
34770-1340
888-494-9844

Insurance Company	Policy Number	Effective	Expires
ARCH INSURANCE COMPANY	GWPKG0211600	08/01/2016	08/01/2017

Invoice Description	Premium
COMMERCIAL GENERAL LIABILITY	911.00

Description of other charges, payments, etc. applied against this invoice	Amount
STATE SURCHARGE	0.91
POLICY FEE	200.00
TERRROISM COVERAGE ACCEPTED	
Balance	1,111.91

Entered: 

COA Code: 657

Approved: @ @ 8-11-16

Paid: _____

Date: _____

PREMIUM SUMMARY

DATE OF ISSUE: 11/02/17
POLICY TERM: 12/27/17-12/27/18
NAMED INSURED: Lakeside Waterworks, Inc.

<u>Coverage</u>	<u>Annual Premium</u>
<u>General Liability</u> (Sewer Miles – 3. Subcontractors \$76,237. Limits \$1,000,000 Occurrence./\$3,000,000 Aggregate. Medical \$5,000. Includes Full Failure to Supply, Products Contamination & Per Location Aggregate).	\$ Included
<u>Terrorism</u> (Inclusion Endorsements SD0287 & SD290. See Attached Form – Only Sign & Return if Rejecting Coverage. Terrorism Aggregate Limit \$1,000,000 for General Liability).	\$ Included
Premium	\$ 943.00
Policy Fee	\$ 200.00
Total Due in Order to Bind	\$ 1,143.00

Proposal Acceptance

COVERAGE WILL BE BOUND FOR 10 DAYS PENDING RECEIPT OF PAYMENT.

PLEASE CHECK APPROPRIATE LINE AND RETURN

PLEASE BIND WITH TERRORISM AS QUOTED ABOVE-1 YR TERM

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

PLEASE DO NOT RENEW COVERAGE

Signature



Date

11-3-17

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 IT'S COMPLETE DETAILS, DEFINITIONS, TERMS AND CONDITIONS, LIMITATIONS AND EXCLUSIONS. INDICATIONS ARE JUST THAT, AND ARE SUBJECT TO FURTHER NEGOTIATIONS AND ADDITIONAL INFORMATION.

Invoice

Invoice Date
12/07/2016

Invoice Number
1888




LAKESIDE WATERWORKS, INC.
C/O MS. VICKIE PENICK
4939 CROSS BAYOU BLVD
NEW PORT RICHEY, FL 34652

C & C CONSULTANTS
P.O. BOX 701340
ST. CLOUD, FL
34770-1340
888-494-9844

Insurance Company	Policy Number	Effective	Expires
ARCH INSURANCE COMPANY	GWPKG0175804	12/27/2016	12/27/2017

Invoice Description	Premium
COMMERCIAL GENERAL LIABILITY	943.00

Description of other charges, payments, etc. applied against this invoice	Amount
POLICY FEE	200.00
TERRORISM COVERAGE ACCEPTED	
Balance	1,143.00

Entered: 
COA Code: 657
Approved:   12-13-16
Paid: _____
Date: _____

PREMIUM SUMMARY

DATE OF ISSUE: 11/14/16
POLICY TERM: 12/27/16-12/27/17
NAMED INSURED: Lakeside Waterworks, Inc.

<u>Coverage</u>	<u>Annual Premium</u>
<u>General Liability</u> (Sewer Miles – 3. Subcontractors \$76,237. Limits \$1,000,000 Occurrence./\$3,000,000 Aggregate. Medical \$5,000. Includes Full Failure to Supply, Products Contamination & Per Location Aggregate).	\$ Included
<u>Terrorism</u> (Inclusion Endorsements SD0287 & SD290. See Attached Form – Only Sign & Return if Rejecting Coverage. Terrorism Aggregate Limit \$1,000,000 for General Liability).	\$ Included
Premium	\$ 943.00
Policy Fee	\$ 200.00
Total Due in Order to Bind	\$ 1,143.00

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 – 1YR TERM
(Signed Terrorism Form Must be Returned to Bind)

PLEASE DO NOT RENEW COVERAGE

Signature _____

Date

12-6-16

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 IT'S COMPLETE DETAILS, DEFINITIONS, TERMS AND CONDITIONS, LIMITATIONS AND EXCLUSIONS. INDICATIONS ARE JUST THAT, AND ARE SUBJECT TO FURTHER NEGOTIATIONS AND ADDITIONAL INFORMATION.

Invoice

Invoice Date
12/21/2015

Invoice Number
1774

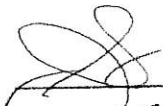
LAKESIDE WATERWORKS, INC.
C/O MS. VICKIE PENICK
4939 CROSS BAYOU BLVD
NEW PORT RICHEY, FL 34652

C & C CONSULTANTS
P.O. BOX 701340
ST. CLOUD, FL
34770-1340
888-494-9844

Insurance Company	Policy Number	Effective	Expires
ARCH INSURANCE COMPANY	GWPKG0175803	12/27/2015	12/27/2016

Invoice Description	Premium
COMMERCIAL GENERAL LIABILITY	925.00

Description of other charges, payments, etc. applied against this invoice	Amount
STATE SURCHARGE	0.93
POLICY FEE	200.00
TERRORISM COVERAGE ACCEPTED	
Balance	1,125.93

Entered: 
COA Code: 057
Approved: @ @ 12-28-15
Paid: _____
Date: _____

PREMIUM SUMMARY

DATE OF ISSUE: 12/15/15
POLICY TERM: 12/27/15-12/27/16
NAMED INSURED: Lakeside Waterworks, Inc.

<u>Coverage</u>	<u>Annual Premium</u>
<u>General Liability</u> (Sewer Miles – 3. Subcontractors \$70,000. Limits \$1,000,000 Occurrence./\$3,000,000 Aggregate. Medical \$5,000. - Includes Full Failure to Supply, Products Contamination & Per Location Aggregate).	\$ Included
<u>Terrorism</u> (Inclusion Endorsements SD0287 & SD290. See Attached Form – Only Sign & Return if Rejecting Coverage. Terrorism Aggregate Limit \$1,000,000 for General Liability).	\$ Included
State Surcharge	\$.93
Policy Fee	\$ 200.00
Total Due in Order to Bind	\$ 1,125.93

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 – 1YR TERM
(Signed Terrorism Form Must be Returned to Bind)
- PLEASE DO NOT RENEW COVERAGE

Signature _____



Date 12-17-15

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 IT'S COMPLETE DETAILS, DEFINITIONS, TERMS AND CONDITIONS, LIMITATIONS AND EXCLUSIONS. INDICATIONS ARE JUST THAT, AND ARE SUBJECT TO FURTHER NEGOTIATIONS AND ADDITIONAL INFORMATION.

Invoice

Invoice Date
12/31/2014

Invoice Number
1556

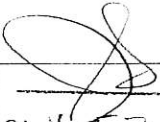
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P.O. BOX 701340
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888-494-9844

Insurance Company	Policy Number	Effective	Expires
ARCH INSURANCE COMPANY	GWPKG0175802	12/27/2014	12/27/2015

Invoice Description	Premium
COMMERCIAL GENERAL LIABILITY	925.00

Description of other charges, payments, etc. applied against this invoice	Amount
STATE SURCHARGE	21.28
POLICY FEE	200.00
TERRORISM COVERAGE ACCEPTED	

Entered: 

Balance **1,146.28**

COA Code: 457 / 757

Prepaid 1/61

Approved: _____

Paid: _____

Date: _____