

# COUNTRY WALK UTILITIES, INC.

FILED 5/3/2018  
DOCUMENT NO. 03442-2018  
FPSC - COMMISSION CLERK

May 3, 2018

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

*Re: Docket No. 20180021-WU - Application of Country Walk Utilities, Inc. for  
Staff Assisted Rate Case in Highlands County – Response to Audit Report No.  
2018-037-4-1*

Dear Commission Clerk,

Country Walk Utilities, Inc. (Country Walk or Utility) submits its response to Audit Control No. 2018-037-4-1 issued on May 2, 2018 in the above referenced docket.

Country Walk agrees with the majority of the Audit Findings with the exception of Audit Finding 6 – Operation and Maintenance Expense. Specifically, Country Walk 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.

Attached are copies of invoices from 2014 – 2018 that shows that these are prudent expensed charged and paid by Country Walk.

Respectfully Submitted,



Troy Rendell  
Vice President  
Investor Owned Utilities  
*//For Country Walk Utilities, Inc.*

# Invoice

Invoice Date  
10/12/2017

Invoice Number  
2089

COUNTRY WALK UTILITIES, INC.  
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	GWPKG0197303	10/24/2017	10/24/2018

Invoice Description	Premium
COMMERCIAL GENERAL LIABILITY POLICY	1,100.00

Description of other charges, payments, etc. applied against this invoice	Amount
POLICY FEE	200.00
TERRORISM COVERAGE ACCEPTED	
<b>Balance</b>	<b>1,300.00</b>

Entered: [Signature]  
COA Code: 657  
Approved: [Signature] 10-13-17  
Paid: \_\_\_\_\_  
Date: \_\_\_\_\_

# PREMIUM SUMMARY

**DATE OF ISSUE:** 9/30/17  
**EFFECTIVE DATE:** 10/24/17  
**NAMED INSURED:** Country Walk Utilities, Inc.

<u>Coverage</u>	<u>Annual Premium</u>
<u>General Liability</u> (Subcontractors \$14,133, Water Payroll - If Any. 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
<u>Premium</u>	\$ 1,100.00
Policy Fee	\$ 200.00
<b>Total Due in Order to Bind</b>	<b>\$ 1,300.00</b>

## 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 BIND COVERAGE**

Signature



Date

10/9/17

### 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 ITS 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  
09/29/2016

Invoice Number  
1861

COUNTRY WALK UTILITIES, INC.  
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

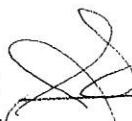
Insurance Company	Policy Number	Effective	Expires
ARCH INSURANCE COMPANY	GWPKG0197302	10/24/2016	10/25/2017

Invoice Description	Premium
COMMERCIAL GENERAL LIABILITY	1,100.00

Description of other charges, payments, etc. applied against this invoice	Amount
POLICY FEE	200.00
<b>Balance</b>	<b>1,300.00</b>

**Comments**

TERRORISM COVERAGE ACCEPTED

Entered:   
 COA Code: 657  
 Approved: @ C 10-3-16  
 Paid: \_\_\_\_\_  
 Date: \_\_\_\_\_

# PREMIUM SUMMARY

**DATE OF ISSUE:** 9/21/16  
**EFFECTIVE DATE:** 10/24/16  
**NAMED INSURED:** Country Walk Utilities, Inc.

<u>Coverage</u>	<u>Annual Premium</u>
<u>General Liability</u> (Subcontractors \$12,546, Water Payroll - If Any. 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
<u>Premium</u>	\$ 1,100.00
Policy Fee	\$ 200.00
<b>Total Due in Order to Bind</b>	<b>\$ 1,300.00</b>

### Proposal Acceptance

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

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**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 BIND COVERAGE**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE BE ADVISED**

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# Invoice

Invoice Date  
10/17/2015

Invoice Number  
1633

COUNTRY WALK UTILITIES, INC.  
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	GWPKG0197301	10/24/2015	10/24/2016

Invoice Description	Premium
COMMERCIAL GENERAL LIABILITY	1,100.00

Description of other charges, payments, etc. applied against this invoice	Amount
POLICY FEE	200.00
Entered: _____	
COA Code: <u>057</u>	
Approved: _____ @ 10-20-15	
Paid: _____	
Date: _____	

Balance 1,300.00

Comments

TERRORISM COVERAGE INCLUDED

# Invoice

Invoice Date  
10/30/2014

Invoice Number  
1530

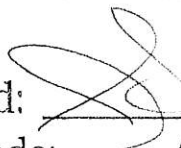
COUNTRY WALK UTILITIES, INC.  
MS. VICKIE PENICK  
4939 CROSS BAYOU BLVD.  
NEW PORT RICHEY, FL 34652

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

Insurance Company	Policy Number	Effective	Expires
ARCH INSURANCE COMPANY	GWPKG0197300	10/24/2014	10/24/2015

Invoice Description	Premium
COMMERCIAL GENERAL LIABILITY	1,100.00

Description of other charges, payments, etc. applied against this invoice	Amount
STATE SURCHARGE	14.30
POLICY FEE	200.00
TERRORISM COVERAGE ACCEPTED	
<b>Balance</b>	<b>1,314.30</b>

Entered:   
 COA Code: 657  
 Approved: \_\_\_\_\_  
 Paid: \_\_\_\_\_  
 Date: \_\_\_\_\_

\$1314.80 / 365 \* 68 = \$244.80

\$10953 / mo.

0 accrued @ 10/24

net = \$2574

# PREMIUM SUMMARY

DATE OF ISSUE: 10/15/15  
EFFECTIVE DATE: 10/24/15  
NAMED INSURED: Country Walk Utilities, Inc.

<u>Coverage</u>	<u>Annual Premium</u>
<u>General Liability</u> (Subcontractors \$12,167, Water Payroll - If Any. 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
<u>Premium</u>	\$ 1,100.00
State Surcharge	\$ 1.10
Policy Fee	\$ 200.00
<b>Total Due in Order to Bind</b>	<b>\$ 1,301.10</b>

## Proposal Acceptance

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### 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 BIND COVERAGE

Signature \_\_\_\_\_

Date 10/15/15

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# PREMIUM SUMMARY

DATE OF ISSUE: 10/24/14  
 EFFECTIVE DATE: 10/24/14  
 NAMED INSURED: Country Walk Utilities, Inc.

<u>Coverage</u>	<u>Annual Premium</u>
<p><u>General Liability</u>                      (Subcontractors \$12,349, Water Payroll - If Any.                      Limits \$1,000,000 Occurrence./\$3,000,000 Aggregate. Medical \$5,000.                      Includes Full Failure to Supply, Products Contamination &amp; Per Location Aggregate).</p>	\$ Included
<p><u>Terrorism</u>                      (Inclusion Endorsements SD0287 &amp; SD290. See Attached Form – Only                      Sign &amp; Return if Rejecting Coverage. Terrorism Aggregate Limit \$1,000,000                      for General Liability).</p>	\$ Included
<u>Premium</u>	\$ 1,100.00
State Surcharge	\$ 14.30
Policy Fee	\$ 200.00
<b>Total Due in Order to Bind</b>	<b>\$ 1,314.30</b>

### Proposal Acceptance

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

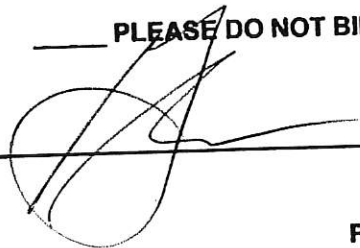
**PLEASE CHECK APPROPRIATE LINE AND FAX BACK**

**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 BIND COVERAGE**

Signature \_\_\_\_\_



Date \_\_\_\_\_

10/23/14

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