

**FLORIDA UTILITY SERVICES 1, LLC
5911 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652
863-904-5574**

June 27, 2019

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

RECEIVED-FPSC
2019 JUL -1 AM 9:11
COMMISSION
CLERK

RE: Docket No. 20190113-WS – Application for a Staff-Assisted Rate Case Manatee County
by Heather Hills Utilities, LLC.

Commission Clerk,

On June 6, 2019, Florida Utility Services 1, LLC (FUS1) was notified by Amtrust North America, Inc., our Workman Compensation Insurance carrier (WC), that the Nov-17 through Oct-18 WC policy premium was being increased from \$4,639 to \$8,149, an increase of \$3,510, based on their audit of the policy year and premium charged. This is an annual occurrence that FUS1 typically records in the current year and is included in the common allocation process for each system. Last year's WC audited increase, for the Nov-16 through Oct-17 policy, was \$1,713, and was included in FUS1's allocation to Heather Hills Utilities, LLC (HHU) for the test year.

The magnitude of this year's increase, \$3,510, necessitates HHU to request pro forma expense recovery of this increased cost in HHU's current SARC proceeding. Otherwise, FUS1 would be unable to recover this increased cost from HHU's customers. Attached is a schedule that calculates an increase to allocated insurance for HHU of \$422, based on FUS1's allocation calculations for the test year. The increased amount should be split equally between water and wastewater operations. Also attached are the relevant documents that support our calculations.

On behalf of the utility,



Mike Smallridge

Heather Hills Utilities, LLC
Allocated Insurance Expense

Period	Account	FUS1 Total	Percent	HHUS
Jan-18	655 Insurance	\$1,063.20	13.00%	\$138.22
Feb-18	655 Insurance	\$1,063.20	13.00%	\$138.22
Mar-18	655 Insurance	\$1,300.20	13.00%	\$169.03
Apr-18	655 Insurance	\$1,300.20	13.00%	\$169.03
May-18	655 Insurance	\$3,013.20	13.00%	\$391.72
Jun-18	655 Insurance	\$1,300.20	13.00%	\$169.03
Jul-18	655 Insurance	\$522.20	11.00%	\$57.44
Aug-18	655 Insurance	\$1,821.90	11.00%	\$200.41
Sep-18	655 Insurance	\$722.69	11.00%	\$79.50
Oct-18	655 Insurance	\$1,760.79	11.00%	\$193.69
Nov-18	655 Insurance	\$2,293.69	11.00%	\$252.31
Dec-18	655 Insurance	\$1,626.88	11.00%	\$178.96
TOTAL		\$17,788.35	12.02%	\$2,137.52

Progressive	Auto Insurance	\$11,521.35	12.02%	\$1,384.45
Amtrust	WC Insurance	\$6,267.00	12.02%	\$753.07
C&C Consultant	Auto Insurance		12.02%	\$0.00
TOTAL		\$17,788.35	12.02%	\$2,137.52

Amtrust	2018 Policy Amount	\$4,639.00	12.02%	\$557.44
1	2017 Policy Adj	\$1,713.00	12.02%	\$205.84
2	Jul-18 Allocation	(\$425.00)	12.02%	(\$51.07)
3	Remove 2018 Policy	(\$850.00)	12.02%	(\$102.14)
4	Add 2019 Policy	\$1,100.00	12.02%	\$132.18
5	Policy Difference	\$90.00	12.02%	\$10.81
TOTAL		\$6,267.00	12.02%	\$753.07

- 1 The 2017 policy was audited and a premium adjustment was charged in 2018.
- 2 FUS1 did not include an allocation for WC in July 2018.
- 3 Removes Nov-Dec 2017 monthly premium amount.
- 4 Adds Nov-Dec 2018 monthly premium amount.
- 5 The WC policy is effective for monthly periods Nov to Oct. Premiums are posted monthly based on vendor billing. There is a small difference due to timing of the payments and monthly service fees.

Amtrust	2018 Policy Amount	\$4,639.00	12.02%	\$557.44
	2018 Policy Adjustment	\$3,510.00	12.02%	\$421.78
Total Policy Amount		\$8,149.00	12.02%	\$979.22

**Workers' Compensation and
Employers' Liability Insurance Policy
PREMIUM NOTICE - FINAL PREMIUM
AUDIT**

Associated Industries Insurance Company, Inc.
An AmTrust Financial Company

11/4/17 - 11/4/18

Florida Utility Services 1, LLC
Att: Michael Smallridge
3336 Grand Blvd, Suite 102
Holiday FL 34690

Policy Number:	AWC1093044
Invoice Date:	6/6/2019
Balance Due:	3,510.00
Invoice Due Date:	Upon Receipt

Total Policy Cost:	8,149.00
Total Billed to Date:	8,149.00
Total Paid to Date:	4,639.00
Balance Due:	3,510.00

Payment Options:

- Online** Go to our website at www.amtrustfinancial.com to register your policy for one time online payments by credit card or electronic check.
- Credit Card** To pay by Mastercard® or Visa® over the phone, please call 877-528-7878. Partial payment will not be accepted.
- E-Check** To pay by electronic check directly from your checking or savings account over the phone for a single payment, please call 877-528-7878
- Check** Please make your check payable to AmTrust North America, Inc. and include your policy number on your check.

Certified and overnight mail should be sent to:
AmTrust North America, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Important Numbers:
Customer Service 877-528-7878
Claim Reporting 888-225-2442
Broker of Record (850) 434-5526

To ensure accurate and prompt processing, please include this voucher with your payment.
We are unable to process changes noted on the invoice voucher. Please contact your broker if you believe corrections to your policy are required.

Installment Due Date:	Upon Receipt
Balance Due:	3,510.00
Amount Paid:	

Remit Payment to:

AmTrust North America, Inc.
P.O. Box 6939
Cleveland, OH 44101-1939

For Company Use Only		RST
Policy Number:	AWC1093044	
Effective Date:	11/4/2017	
Agent ID:	13449	
Agency:	Underwood Anderson & Associates, Inc.	





Associated Industries Insurance Company
An AmTrust Financial Company

Policy AWC1093044 Endorsement 6

FINAL PREMIUM AUDIT

It is hereby understood and agreed that this endorsement, effective 12:01 a.m. 11/4/2017 forms a part of

Policy: AWC1093044
Issued to: Florida Utility Services 1, LLC
Policy Dates: 11/4/2017 to 11/4/2018
Description: Final Premium Audit - Revised

State of Florida - Premium for Period 1: 11/4/2017 to 11/4/2018						
Classification	# Emps	Code	Payroll	Rate	Premium	
Waterworks Operation & Drivers	0	7520	147,704	5.04	7,444	
Clerical Office Employees NOC	0	8810	127,106	0.26	330	
Manual Premium					7,774	
						7,774
Total Manual Premium						7,774
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812				109
Premium to Equal Increased Limits Minimum Charge		9848				11
Total Premium Subject To Experience Modification						7,894
Experience Modification N/A						7,894
Terrorism Risk Insurance Act 2%		9740				55
Catastrophe 0%		9741				0
Expense Constant		0900				200
Total FL Premium						<u>8,149</u>
Total FL Cost						8,149

Policy Cost					8,149
Minimum Premium	\$774				4,639
Premium Paid to Date					3,510
Total Additional/(Return) Due					

The return premium above may be applied in full or in partial to any previously audited policies that have a balance due. Any remaining return premium will be refunded by check in the mail within 30-45 days.

Avery C. Silley

Printed: 6/6/2019

MJ

AWC1093044

Authorized Representative





800 Superior Avenue E | Cleveland, OH 44114

FLORIDA UTILITY SERVICES 1, LLC
 3336 GRAND BLVD
 SUITE 102
 HOLIDAY FL 34690

Account Number: 14748088
 Date of Notice: 5/31/2018
 Due Date: 6/20/2018
 Your Agent: Underwood Anderson & Associates, Inc.
 850-434-5526

Convenient ways to pay:
 Pay online at www.AmTrustNorthAmerica.com
 Pay by phone by calling 1-866-513-5650
 Mail your payment with coupon below.

Policy Number	Coverage Description	Policy Effective Date	Policy Status	Total Policy Cost	Total Billed To Date	Total Paid To Date	Currently Due
AWC1093044	Workers' Comp.	11/4/2017	In Effect	\$4,639.00	\$3,364.00	\$2,939.00	\$425.00
AWC1073676	Workers' Comp.	11/4/2016	Audited	\$5,674.00	\$5,674.00	\$3,961.00	\$1,713.00
Totals:				\$10,313.00	\$9,038.00	\$6,900.00	\$2,138.00

For billing inquiries, please contact Customer Service at 1-866-513-5651 between 8:00 a.m. to 8:00 p.m. EST Monday –Thursday and 8:00 a.m. to 5:00 p.m. on Friday. Please contact your agent regarding policy or premium questions.
 See reverse for fee information.

Minimum Payment Due \$2,138.00
Payment In Full \$3,413.00

If mailing, please detach this portion and return with your payment in the envelope provided. Please mail at least 7 days in advance.

Payment Coupon

Account Number: 14748088
 Minimum Payment Due \$2,138.00
 Payment Due Date 6/20/2018

Amount Enclosed: , .

Check if Address Change
 Note changes on reverse.

AMTRUST NORTH AMERICA
 PO BOX 6939
 CLEVELAND OH 44101-1939

0112 062018 47913240 14748088 00341300 00213800

Associated Industries Insurance Company, Inc.

A Stock Insurance Company

PO Box 310704

Boca Raton, FL 33431-0704

WC 00 00 01 A

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

INFORMATION PAGE

1. Insured: **Florida Utility Services 1, LLC**
3336 Grand Blvd, Suite 102
Holiday, FL 34690
Other workplaces not shown above:
See Extension of Information Page
Producer: AmTrust North America, Inc.
c/o Underwood Anderson & Associates, Inc.
P.O. Box 9578
Pensacola, FL 32513-9578

Policy Number: AWC1093044

Federal Tax ID: 452153559
Board File Number:
Renewal Of: AWC1073676
Entity: Limited Liability Company
Interim Adjustment: Annual
Ncci Code: 25372
SIC Code: 0

2. The policy period is from 11/4/2017 to 11/4/2018 12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida
- B. Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in item 3.A. The limits of our liability under Part Two are:
- | | | |
|---------------------------|--------------|---------------|
| Bodily Injury by Accident | \$ 1,000,000 | each accident |
| Bodily Injury by Disease | \$ 1,000,000 | policy limit |
| Bodily Injury by Disease | \$ 1,000,000 | each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3A.
- D. This policy includes these endorsements and schedules:
See attached endorsement schedule.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM	4,639
STATE ASSESSMENT	0
TOTAL ESTIMATED COST	4,639
Minimum Premium	774
Deposit Premium	389

Issue Date: 10/6/2017

Countersigned By: _____
Authorized Representative

EXTENSION OF INFORMATION PAGE FOR ITEM #4
ITEM 4: SCHEDULE OF PREMIUMS

Classification	# of Emps	Code No.	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Florida					
Waterworks Operation & Drivers	0	7520	80,730	5.04	4,069
Clerical Office Employees NOC	0	8810	83,421	0.26	217
Manual Premium					4,286
Total Manual Premium					4,286
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			60
Premium to Equal Increased Limits Minimum Charge		9848			60
Total Premium Subject To Experience Modification					4,406
Experience Modification N/A					4,406
Expense Constant		0900			200
Terrorism Risk Insurance Act		9740			33
Total FL Premium					4,639
Total FL Cost					4,639
TOTAL ESTIMATED ANNUAL PREMIUM					4,639
STATE ASSESSMENT					0
TOTAL COST					4,639