

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-**

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**DATE:** October 20, 2021

**TO:** Adam J. Teitzman, Commission Clerk, Office of Commission Clerk

**FROM:** Donna D. Brown, Public Utility Analyst III, Division of Accounting & Finance 

**RE:** Docket No. 20210055-WU - Application for staff-assisted rate case in Lake County by Brendenwood Waterworks, Inc.

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Please place the attached email and documentation from the Utility in the above mentioned docket file.

Thank you.

Attachment

RECEIVED-FPSC  
2021 OCT 20 AM 10:19  
COMMISSION  
CLERK

## Donna Brown

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**From:** Terence Bethea  
**Sent:** Wednesday, October 20, 2021 9:46 AM  
**To:** Donna Brown; Christopher Richards  
**Cc:** Todd Brown; Shannon Hudson  
**Subject:** FW: Brendenwood Insurance Expense  
**Attachments:** [Untitled].pdf

-----Original Message-----

**From:** Troy Rendell <trendell@uswatercorp.net>  
**Sent:** Wednesday, October 20, 2021 9:40 AM  
**To:** Terence Bethea <tbethea@psc.state.fl.us>  
**Subject:** Brendenwood Insurance Expense

Good morning Terence,

I'm not sure who the analyst is on Brendenwood - but we just received our new Insurance premium and it is higher than what is in the Staff Report The attached invoice is for \$1,343 and the Staff Report has \$1,259.

Can you please get this to the accounting analyst?

Thanks

Troy Rendell  
Vice President - Investor Owned Utilities

4939 Cross Bayou Boulevard  
New Port Richey, FL 34652  
(Office) 727-848-8292 x245  
(Fax) 727-848-7701  
(E-Mail) trendell@uswatercorp.net

-----Original Message-----

**From:** HP E87660 <scanner@uswatercorp.net>  
**Sent:** Wednesday, October 20, 2021 10:21 AM  
**To:** Troy Rendell <trendell@uswatercorp.net>  
**Subject:** Scanned from HP

DO NOT REPLY

# Invoice

Invoice Date  
10/19/2021

Invoice Number  
2662

BRENDENWOOD WATERWORKS, INC.  
MR. JOE GABAY  
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
PHILADELPHIA INDEMNITY INS CO	PHPK2336656	10/24/2021	10/24/2022

Invoice Description	Premium
COMMERCIAL GENERAL LIABILITY	1,343.00

Description of other charges, payments, etc. applied against this invoice	Amount
TERRORISM COVERAGE DECLINED	
<b>Balance</b>	<b>1,343.00</b>

Entered: \_\_\_\_\_  
COA Code: 655  
Approved: [Signature]  
Paid: \_\_\_\_\_  
Date: \_\_\_\_\_