

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: 2023-2024

FEIN#

93 -1952654

Please fill in the name, address and phone number of all newly elected or returning officers of your booster group. Please send this information as soon as your officers have been elected, deadline for having this information to the school principal is September 1st or within the first thirty days of the first transaction of the organization. You should keep a copy for the Booster Group records as well.

Name of Group Franklin Simpson Middle School Boys Basketball Boosters, Inc.

Name of School and Principal Jaxon Grover

School Address 322 South College St. Franklin, Ky 42134

Name of Organization Franklin Simpson Middle School Boys Basketball Boosters, Inc.

Organization President Lara Forshee

Address 522 Rolling Road Drive Franklin, Ky 42134

Phone (270) 776-3881 E-mail Lara.forshee@yahoo.com

Name of Vice President Marla Downey

Address 508 Duncan Street Franklin, Ky 42134

Phone (270) 776-7112 E-mail Marlad2@yahoo.com

Name of Secretary _____

Address _____

Phone () _____ E-mail _____

Name of Treasurer Sydney Downey

Address 508 Duncan Street Franklin, Ky 42134

Phone (270) 776-7098 E-mail Sydney.downey95@gmail.com

Franklin Simpson Middle School Boys Basketball Boosters, Inc.
2023-2024

Proposed Budget

INCOME:			
	Shirt Sales		\$500.00
	Calendar Fundraiser		\$5500.00
	Concessions		\$3800.00
	Grant Funds		\$1000.00
		<i>TOTAL INCOME:</i>	<i>\$10,800.00</i>

EXPENSES:			
	Insurance		\$300.00
	Tax Preparation		\$100.00
	Concession Items		\$1800.00
	Uniforms		\$3000.00
	Warmup Suits		\$2800.00
	8 th Grade Night		\$200.00
	Banquet		\$250.00
	Tournament Entry Fees		\$300.00
		<i>TOTAL EXPENSES:</i>	<i>\$8750.00</i>

PROPOSED BUDGET TOTALS:	\$10,800.00
	- \$8750.00
	<u>\$2050.00</u>

ARTICLES OF INCORPORATION OF
FRANKLIN SIMPSON MIDDLE SCHOOL BOYS BASKETBALL BOOSTERS, INC.

KNOW ALL PERSONS BY THESE PRESENTS:

That the undersigned incorporator, for the purpose of establishing a non-profit, non-stock corporation pursuant to the provisions of Chapter 273 of the Kentucky Revised Statutes, does hereby adopt the following as the Articles of Incorporation of Franklin Simpson Middle School Boys Basketball Boosters, Inc., to-wit:

ARTICLE I

The name of the corporation shall be Franklin Simpson Middle School Boys Basketball Boosters, Inc.

ARTICLE II

The corporation is formed exclusively for the purposes for which a corporation may be formed under Chapter 273 of the Kentucky Revised Statutes and has not been formed for pecuniary profit or financial gain. It shall be a non-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code, as amended. The further specific purposes for which the corporation is established are as follows:

(a) To support the student athletes and coaches of the Franklin-Simpson Middle School Basketball program.

(b) To cooperate with any other charitable organizations, through grants, and otherwise, which are working to assist the basketball players and coaches in the Franklin-Simpson Middle School system;

(c) To receive, maintain, and accept as assets of the Corporation, any property, whether real, personal, or mixed, by way of gift, bequest, devise, or purchase from any person, firm, trust, or

corporation, to be held, administered, and disposed of exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, as amended, and in accordance with and pursuant to the provisions of these Articles of Incorporation; but no gift, bequest, devise, or purchase of any such property shall be received or made and accepted if it is conditioned or limited in such manner as shall require the disposition of income or principal to any organization other than a "charitable purpose" which could jeopardize the status of the Corporation as an entity exempt from federal income tax pursuant to the relevant provisions of the Internal Revenue Code, as amended; and

(d) To promote and carry on any other charitable or educational purposes and activities for which corporations may be organized and operated under the relevant provisions of the Internal Revenue Code, as amended, and under the Kentucky Religious, Charitable, and Educational Non-Stock, Non-Profit Corporation Code.

ARTICLE III

The duration of the corporation shall be perpetual.

ARTICLE IV

In the event of the dissolution or liquidation of this corporation, to the extent allowed or permitted under applicable laws, the property and assets of the corporation shall be, as determined by the Board of Directors, distributed to or sold and the proceeds of such sales distributed to (i) any successor booster club organization whose purposes are to support the student athletes and coaches of the Franklin-Simpson basketball programs, or (ii) any other organization(s) organized and operating for the same purposes for which the corporation is organized and operating.

ARTICLE V

The initial registered office of the corporation shall be at 522 Rolling Road Drive, Franklin,

Kentucky, and Lara N. Forshee is hereby designated as the corporation's initial registered agent at such address.

ARTICLE VI

The affairs of the corporation shall be managed by its Board of Directors. The initial Board of Directors shall be comprised of four (4) members, whose names and addresses are as follows:

<u>Name</u>	<u>Address</u>
Lara N. Forshee	522 Rolling Road Drive Franklin, KY 42134
Marla Downey	508 Duncan Street Franklin, KY 42134
Sydney Downey	508 Duncan Street Franklin, KY 42134
Cailyn Hogan	614 Mimosa Drive Franklin, KY 42134

The above-named persons shall serve as directors until their successors are duly elected and qualified.

ARTICLE VII

The name and address of the incorporator is as follows:

Lara N. Nash	522 Rolling Road Drive Franklin, KY 42134
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ARTICLE VIII

The principal office of the corporation shall be at 322 South College Street, Franklin, Kentucky 42134.

ARTICLE IX

The corporation formed hereunder shall have no capital stock and shall not be composed of shareholders.

ARTICLE X

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its trustees, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensations for services rendered and to make payments and distributions in furtherance of the purposes set forth in these Articles of Incorporation. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in any political campaign on behalf of or in opposition to any candidate for public office.

ARTICLE XII

Anything contained in these Articles of Incorporation to the contrary notwithstanding, the corporation shall not carry on or otherwise engage in any activities not permitted to be carried on or engaged in by (i) a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, as amended, or any corresponding section of any future tax code; (ii) a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, as amended, or any corresponding section of any future tax code; (iii) a corporation organized and existing under Chapter 273 of the Kentucky Revised Statutes.

IN WITNESS WHEREOF, the undersigned incorporator has hereunto subscribed her name
on this the 11 day of July, 2023.

Lara Forshee
LARA N. FORSHEE
Incorporator

COMMONWEALTH OF KENTUCKY

COUNTY OF SIMPSON

The foregoing Articles of Incorporation were on this 11 day of July,
2023, acknowledged, subscribed, and sworn to before me by Lara N. Forshee, Incorporator.

My commission expires Sept 12, 2025.

My notary identification number is 32641.

[Signature]
Notary Public

CONSENT TO SERVE AS REGISTERED AGENT

I, Dee Spencer, hereby consent to serve as registered agent of Wildcat Basketball Booster
Club, Inc.

This 11 day of July, 2023.

Lara Forshee
LARA N. FORSHEE, Registered Agent

COMMONWEALTH OF KENTUCKY

COUNTY OF SIMPSON

The foregoing Consent to Serve as Registered Agent was on this 11 day of July, 2023, acknowledged, subscribed, and sworn to before me by Lara N. Forshee, Registered Agent.

My commission expires Sept 12, 2025.

My notary identification number is 32641.

[Signature]
Notary Public

Prepared By:

LEACH & CUMMINS
Attorneys at Law
200 North Main Street
P.O. Box 425
Franklin, KY 42135-0425
Tele. (270) 586-9595
Fax (270) 586-6907

[Signature]
G. WILLIAM LEACH, JR.



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

FRANKLIN SIMPSON MIDDLE SCHOOL BOYS
BASKETBALL BOOSTER INC
322 SOUTH COLLEGE STREET
FRANKLIN, KY 42134

Date:
08/02/2023
Employer ID number:
93-1952654
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
June 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
July 11, 2023
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053605003363

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-19-2023

Employer Identification Number:
93-1952654

Form: SS-4

Number of this notice: CP 575 E

FRANKLIN SIMPSON MIDDLE SCHOOL BOYS
BASKETBALL BOOSTERS
522 ROLLING ROAD DR
FRANKLIN, KY 42134

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-1952654. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.



Franklin Simpson Middle School E
522 Rolling Road Drive
Franklin , KY 42134

Specialty Insurance Products

Insurance Policy Number: NANPO0061164

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

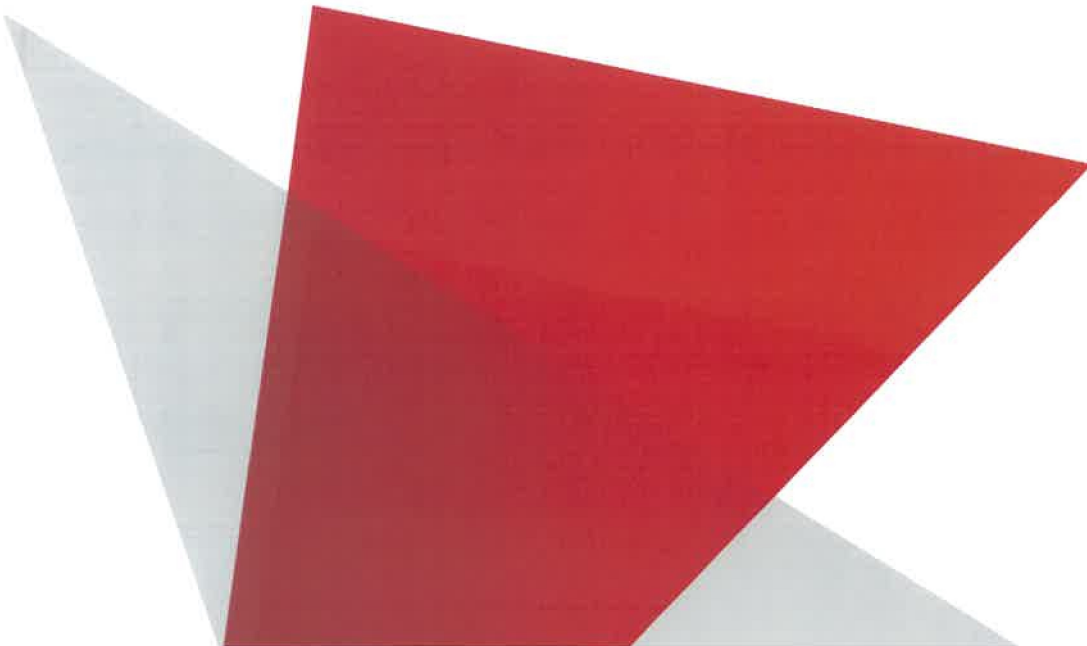
Office 10148 Riverside Drive
Toluca Lake, CA 91602

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers, Inc. — We look forward to helping with your specialty insurance needs.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio	FAX (A/C, No): (818) 980-1595	
	PHONE (A/C, No, Ext): (800) 364-2433	E-MAIL ADDRESS: support@rvnuccio.com	
INSURED Franklin Simpson Middle School Boys Basketball Boosters, Inc. 522 Rolling Road Drive Franklin, KY 42134	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Fireman's Fund Insurance Company		21873
	INSURER B: Nationwide Life Insurance Company		66869
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			UST021067220 NANPO0061164	8/28/2023	8/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MEDICAL EXPENSE \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers			NPODO0069053	8/28/2023	8/28/2024	\$1,000,000
A	Sexual Misconduct Liability			NANPO0061164	8/28/2023	8/28/2024	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance Only

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio

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Applicant Information

Contact Person

First Name	Lara
Last Name	Forshee
Contact Phone Number	2707763881

School Information

School Name	Franklin Simpson Middle School
School Address	322 South College Street
School City	Franklin
School State	KY
School Zip Code	42134

Organization Information

School Support Group Type	Booster Club
Full Legal School Support Group Name	Franklin Simpson Middle School Boys Basketball Boosters, Inc.

Is the applicant's mailing address the same as the address indicated above?

No

Mailing Address Street

522 Rolling Road Drive

Mailing Address City

Franklin

Mailing Address State

KY

Mailing Address Zip Code

42134

Website/Facebook/Instagram (If Any)

Organization Activity

Is your group primarily a project graduation group?

No

Does your organization conduct its business from a school campus between the grades of K-12?

Yes

Annual Revenues/Receipts

Membership dues

0

Cash grants/gifts/scripts/online sales

1000

Bingo

0

Other Fund Raising Activities

8000

Coverages

Liability Plus	\$1,000,000/\$2,000,000
----------------	-------------------------

Damage to Premises Rented Limit	\$100,000
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Bonding Plus	Limit \$10,000
--------------	----------------

I understand and agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period.

Yes

- There will be no pre-signing of blank checks.

- There will be a monthly bank reconciliation (re-balancing of the checkbook) performed by an organization officer other than that officer (usually the Treasurer) normally responsible for banking functions (this forces discovery of deposits which should have been made but have not been made).

Directors & Officers Plus

Yes

Accident Medical Plus

No, I do not want to purchase this coverage.

Property Plus

No, I do not want to purchase this coverage.

When would you like coverage to begin?

Policy Effective Date	8/28/2023
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Acknowledgements and Signature

Have you had any claims in the last 5 years which may have been covered by this type of insurance?	No
--	----



Does your School Support Group (SSG) have any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities operating along with, attached to, subordinate to or under your SSG; or any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities over which you exercise any control and/or to which you might expect this insurance to also provide insurance coverage? No

I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance. Yes

Do you understand and agree that any known or existing circumstances, conditions, or situations which may give rise to a loss under this insurance will not be covered by the policy? Yes

Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later? Yes

Do you understand and agree that by signing this application, R.V. Nuccio & Associates, Inc. is hereby appointed and designated as your Broker Of Record regarding the placement of this insurance policy? Yes

I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance. Yes

Name	Lara Forshee
Date Signed	08/27/2023
Memorandum Number	NANPO0061164
Memorandum Number D&O	NPODO0069053
Memorandum Number AD&D	
Expiration Date	8/28/2024

Additional Insureds

Liability insurance automatically comes with a Certificate of Insurance for you. If someone has requested to be added to your policy as an Additional Insured, click the Add Insurance Certificate button below.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/27/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 (800) 364-2433 Robert V. Nuccio		PHONE (A/C, No, Ext):		COMPANY Fireman's Fund Insurance Company 225 W. Washington Street, Suite 1900 Chicago, IL 60606	
FAX (A/C, No): (818) 980-1595		E-MAIL ADDRESS: support@rvnuccio.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Franklin Simpson Middle School Boys Basketball Boosters, Inc. 522 Rolling Road Drive Franklin, KY 42134		LOAN NUMBER		POLICY NUMBER NANPO0061164	
		EFFECTIVE DATE 8/28/2023		EXPIRATION DATE 8/28/2024	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Property/Equipment Insurance	Not Covered	Not Covered
Crime Insurance	\$10,000	\$250

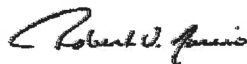
REMARKS (Including Special Conditions)

Evidence of Insurance Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Evidence of Insurance Only	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Robert V. Nuccio 	

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
COMMERCIAL PACKAGE INSURANCE POLICY**

MEMORANDUM OF INSURANCE

Master Policy Number: UST021067220	Memorandum Number: NANPO0061164
Issuing Company: Fireman's Fund Insurance Company 225 W. Washington Street, Suite 1900 Chicago, IL 60606 Nationwide Claims: 1-888-347-3428	National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685

01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)

- a. Memorandum Holder: Franklin Simpson Middle School Boys Basketball Boosters, Inc.
- b. Street Address: 522 Rolling Road Drive
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

02. COVERAGE PERIOD

Inception Date 8/28/2023 12:01A.M. to Expiration Date 8/28/2024 12:01A.M. Standard Time at the Named Insured's address as stated above.

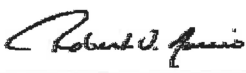
03. BUSINESS TYPE

☐ PTA ☐ PTO ☒ Booster Club ☐ Educational Foundation ☐ Nonprofit Organization

04. COVERAGE PART	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
a. INLAND MARINE PROPERTY COVERAGE PART			\$0.00
Business Personal Property/Equipment	Not Covered	Not Covered	
b. INLAND MARINE CRIME COVERAGE PART			\$33.00
(01)Employee Dishonesty	\$10,000	\$250	
(02)Forgery Or Alteration	\$10,000	\$250	
(03)Theft, Disappearance And Destruction Of Money			
(a)Inside The Premises	\$10,000	\$250	
(b)Outside The Premises	\$10,000	\$250	
c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART			\$45.00
(01)General Aggregate	\$2,000,000	\$0	
(02)Products/Completed Operations Aggregate	\$2,000,000		
(03)Personal And Advertising Injury	\$1,000,000		
(04)Each Occurrence	\$1,000,000		
(05)Damage To Premises Rented To You	\$100,000		
(06)Medical Expense	\$5,000		
(07)Non-Owned And Hired Automobiles	Not Covered		
		State Guarantee Fund	\$0.00
05. TOTAL PREMIUM Due At Inception			\$78.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued:
Form Number: NPOUWS001

By 
Robert V. Nuccio

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
DIRECTORS & OFFICERS LIABILITY INSURANCE POLICY**

MEMORANDUM OF INSURANCE

Master Policy Number: USF01299023

Memorandum Number: NPODO0069053

Issuing Company:

Fireman's Fund Indemnity Corporation

225 W. Washington Street, Ste 1800

Chicago, IL 60606-3484

Nationwide Claims: 1-888-347-3428

National Program Administrator:

R.V. Nuccio & Associates Insurance Brokers, Inc.

10148 Riverside Drive

Toluca Lake, CA 91602

Nationwide: 1-800-567-2685

01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)

a. Memorandum Holder: Franklin Simpson Middle School Boys Basketball Boosters, Inc.

b. Street Address: 522 Rolling Road Drive

c. City: Franklin

d. State: KY

e. Zip Code: 42134

02. COVERAGE PERIOD

Inception Date 8/28/2023 12:01A.M. to Expiration Date 8/28/2024 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. RETROSPECTIVE DATE: 8/28/2023

04. BUSINESS TYPE

☐ PTA

☐ PTO

☒ Booster Club

☐ Educational Foundation

☐ Nonprofit Organization

05. COVERAGE

LIMIT OF INSURANCE

RETENTION

PREMIUM

a. DIRECTORS & OFFICERS LIABILITY

\$24.75

01. Each Claim

\$1,000,000

\$250

02. Annual Aggregate

\$1,000,000

b. EMPLOYMENT PRACTICES LIABILITY

Covered

\$250

Surplus Lines/Stamping Fee

0.78

06. TOTAL PREMIUM Due At Inception

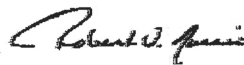
\$25.53

07. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: 8/27/2023

Form Number: NPOUWS001

By



Robert V. Nuccio

3/20/2008

NPOUWS001

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