

North Livingston PTO

Budget 2017-2018

Copy Paper	\$150.00
Fall Festival	\$3,000.00
Fundraiser	\$2,000.00
Family First Christmas	\$200.00
Santa's Workshop	\$1,200.00
Father/Daughter Dance	\$500.00
Mother/Son Event	\$500.00
Muffins with Mom	\$200.00
Donuts with Dad	\$200.00
Grandparent's Breakfast	\$200.00
Teacher Appreciation Lunch	\$300.00
School Improvements	\$2,000.00
Field Day	\$1,500.00
Student Reward	\$250.00
Retirement	\$100.00
Field Day Shirts	\$1,000.00
Officer's Lunch	\$150.00
PTO Insurance	\$170.00
Other	\$1,000.00

**External Booster Club Information
2017-2018**

Organization: North Livingston PTO

Beginning of Year Checklist- Quick Reference Tool for Required Information:

1) Listing of Officers for 2017-2018

	Office	Name	Address	Phone#	E-mail
a)	President	Michelle Davis	1083 Mitchell Rd Burna	270-704-0782	cheldavis@hotmail.com
b)	Vice President	Lori Guill	226 Wilson Ave Smithland	270-994-0058	lori.guill@livingston.kyschools.us
c)	Secretary	Kristen Dickerson	970 Mitchell Rd Burna	270-748-7442	ckdickerson@tds.net
d)	Treasurer				

2) Do bylaws for the organization exist? ☒ Yes ☐ No (Not required, but strongly recommended). If bylaws exist, please attach a copy.

3) Does the organization have an FEIN number? ☒ Yes ☐ No If an FEIN number exists, please enter it here 11-3763565

4) Planned Budget Information for 2017-2018 Please attach on Form F-SA-4B

5) A copy of liability certificate of insurance for 2017-2018 Please attaches—also, a copy of the receipt will be needed for reimbursement up to a maximum of \$230.

Michelle Davis

**Submitted by- Signature of Club President
Or other authorized signature**

8-11-17
Date



North Livingston Elementary
1372 US 60 E
Burna , KY 42028

Specialty Insurance Products

Insurance Policy Number: NANPO0035541

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

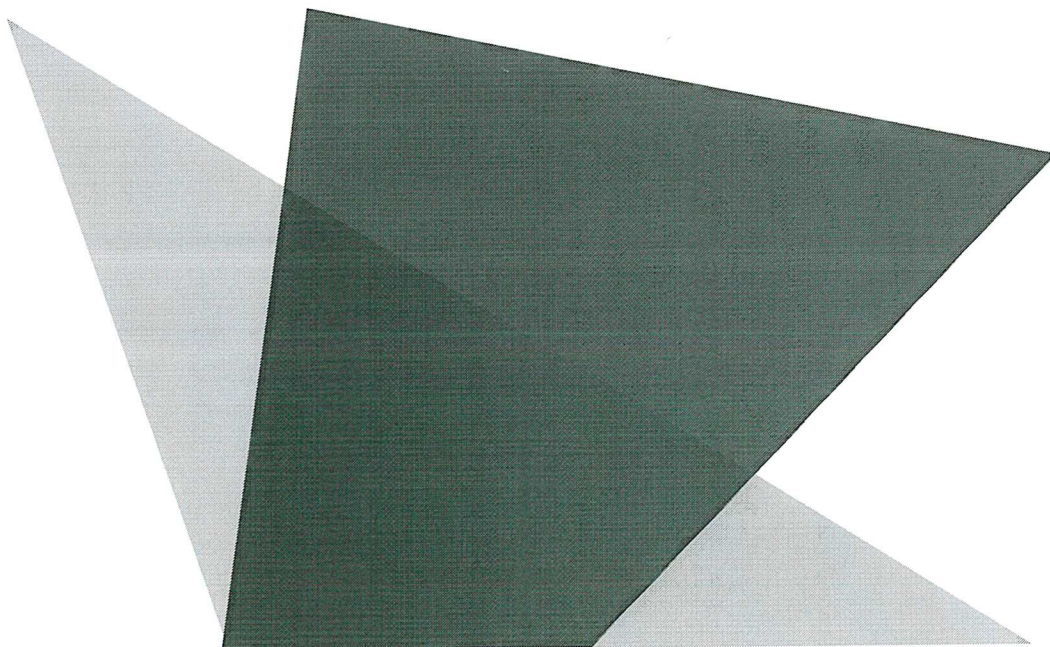
Office 10148 Riverside Drive
Toluca Lake, CA 91602

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.



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

MEMORANDUM OF INSURANCE

Master Policy Number: XPK80971513 Issuing Company: Fireman's Fund Insurance Company 777 San Marin Drive Novato, California 94998-2000 Nationwide Claims: 1-800-567-2685	Memorandum Number: NANPO0035541 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: North Livingston Elementary PTO
- b. Street Address: 1372 US 60 E
- c. City: Burna
- d. State: KY
- e. Zip Code: 42028

02. COVERAGE PERIOD

Inception Date 8/23/2017 12:01A.M. to Expiration Date 8/23/2018 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. BUSINESS TYPE

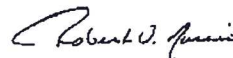
☐ PTA ☒ PTO ☐ Booster Club ☐ Educational Foundation ☐ Nonprofit Organization

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			\$0.00
(01)Employee Dishonesty	Not Covered	\$250	
(02)Forgery Or Alteration	Not Covered	\$250	
(03)Theft, Disappearance And Destruction Of Money			
(a)Inside The Premises	Not Covered	\$250	
(b)Outside The Premises	Not Covered	\$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			\$45.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued:
Form Number:NPOUWS001

By



Robert V. Nuccio

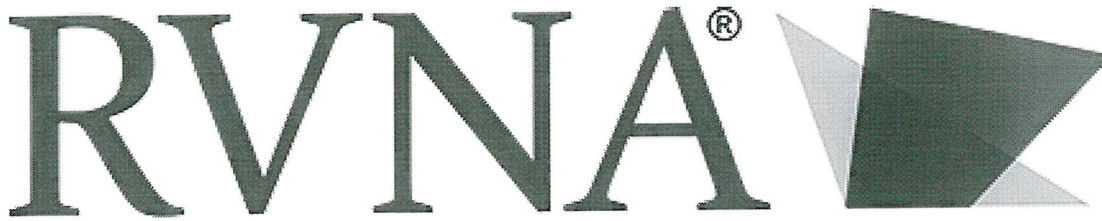


Applicant Information

School Support Group Type	PTO
School Support Group Name	North Livingston Elementary PTO
PTA Name:	
Website	
Total Annual Revenues/Receipts	3100
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
School Name	North Livingston Elementary
School Address	1372 US 60 E
School City	Burna
School State	KY
School Zip Code	42028
First Name	Michelle
Last Name	Davis
Phone	270-704-0782
E-Mail Address	nlespto@outlook.com
PTA State:	
Is the applicant's mailing address the same as the address indicated above?	Yes

Coverages

Effective Date	8/23/2017
Liability Plus	\$1,000,000/\$2,000,000
Damage to Premises Rented Limit	\$100,000
Bonding Plus	No, I do not want to purchase this coverage
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.	n/a
Directors and Officers Plus	No
Accident Medical Plus	No, I do not want to purchase this coverage.
Property Plus	No, I do not want to purchase this coverage.
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



R.V. NUCCIO & ASSOCIATES, INC.

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, 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

Michelle Davis

Accepted Date

8/11/2017

Memorandum Number

NANPO0035541

Memorandum Number D&O

Memorandum Number AD&D

Expiration Date

8/23/2018

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

n/a

b. 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).

n/a

<h4>Required Accounting Procedures</h4>

n/a

Additional Insureds

Number of Additional Insureds

0



SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: North Livingston Elementary PTO

Date: 08/11/2017

Proposed Coverage Dates: 8/23/2017 12:01AM to 8/23/2018 12:01AM

Client ID#: 1215132

POLICY INFORMATION	LIMIT		COST
1. Liability Plus	\$1,000,000/\$2,000,000	\$	45.00
RVNA, Inc. Administration & Unlimited Additional Insured Charge		\$	110.00
2. Bonding Plus	Not Covered	\$	0.00
RVNA, Inc. Administration Charge		\$	0.00
3. Directors & Officers Liability Plus	Not Covered	\$	0.00
RVNA, Inc. Administration Charge		\$	0.00
4. Accident Medical Plus	Not Covered	\$	0.00
RVNA, Inc. Administration Charge		\$	0.00
5. Property Plus	Not Covered	\$	0.00
RVNA, Inc. Administration Charge		\$	0.00
RVNA, Inc. Loss Payee Charge		\$	0.00
State Guarantee Fund		\$	0.00
TOTAL		\$	155.00

**If you wish to purchase this exclusive insurance product, please log in at
protectyournonprofit.com**

NOTES

- This is a quotation only. Prices are subject to change without notice.
- Quotation is subject to online completion of the application and underwriting approval.
- It is the insureds responsibility to read the policy. Request a sample policy online at protectyournonprofit.com.
- Licensing information available upon request.
- Policy is underwritten by an A+ rated insurance carrier.