

FRANKLIN SIMPSON LADY CATS BASKETBALL BOOSTER



2019 - 2020

FRANKLIN SIMPSON LADY CATS BASKETBALL BOOSTER

INCOME

Carry Over from Previous Year	\$ 456.57
Consessions and Signs	\$ 3,119.50
Donations	\$ 1,775.00
Fundraiser	\$ 1,795.00
Total Income	\$ 7,146.07

EXPENSES

P.O Box	\$ 76.00
Posters	\$ 120.00
Franklin Sporting Goods	\$ 1,092.48
RVNA Insurance	\$ 155.00
Plaques	\$ 398.75
Banquest	\$ 283.78
Office Expense	\$ 569.88
Summerball	\$ 850.00
Total Expenses	\$ 3,545.89

BALANCE

Balance	\$ 3,600.18
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FRANKLIN SIMPSON LADY CATS BASKETBALL BOOSTER

Booster Club Officers

President:	Jill Thacker
Vice President:	Kim Johnson
Treasurer:	Trina Johnson
Secretary	Theresa Doran

Tax ID: 56-2547577

Projected Budget 2019-2020 - FS Lady Wildcat Booster

Liability Insurance	\$ 200
Summer Programs	\$ 1,500
Practice Uniforms	\$ 1,000
Basketballs	\$ 500
Athletic Tape / Prewrap	\$ 400
Travel Suits	\$ 4,000
Shoes	\$ 2,000
Miscellaneous	\$ 400
Total	\$ 10,000

Fundraising Projects

Gym Signs	\$ 4,000
Concessions	\$ 3,500
Nissan/Ascend	\$ 1,500
Double Good	\$ 1,500
KY Downs Clean Up	\$ 450
Total	\$ 10,950

Starting Booster Balance: \$ 3,600.18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2019

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

PHONE (A/C, No, Ext): (800) 364-2433

FAX (A/C, No): (818) 980-1595

E-MAIL ADDRESS: support@rvnuccio.com

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:

INSURED

FSHS Girls Basketball Boosters
400 College Street
Franklin, KY 42134

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 SUBR INSR 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	<input checked="" type="checkbox"/>	XPK80991558 NANPO0042437	3/21/2019	3/21/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Misconduct Liability		NANPO0042437	3/21/2019	3/21/2020	1,000,000

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

Additional Insured: / Sexual Misconduct Liability included. Event Description: Booster Events Start Date: 3/21/2019 End Date: 3/21/2020

CERTIFICATE HOLDER

Simpson Co. School Board
400 S. College St.
Franklin, KY 42134

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.

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio

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