



Lady Cats Basketball

Girls Basketball Projected Budget 2020-2021

Liability Insurance:	\$155
Hudl:	\$1,150
Equipment:	2,000
Travel Gear:	\$2000
Coaching Shirts Staff:	\$800
Christmas Tournament:	\$1000
Senior Night:	\$500
Banquet:	\$1000
Feed Team:	\$1000
KABC Dues:	\$100
Little League:	\$300
Workout Equipment:	\$200
Uniforms: (Home and away)	3,965.66
Total=	14,170.66

Fundraising Projects:

Concessions	4,000
Sign Sales	\$3,000
Nissan Stadium	\$8,000
Bundt Cakes	\$2,000
Total=	\$17,000

2020-2021 Girls Basketball Booster Club Officers:

President: Shelly McAlister

Vice President: Amy Turner

Treasurer: Triana Johnson

Secretary: Amanda Persinger

Tax ID-56-2547577



FSHS Girls Basketball Boos
400 College Street
Franklin , KY 42134

Specialty Insurance Products

Insurance Policy Number: NANPO0047618

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

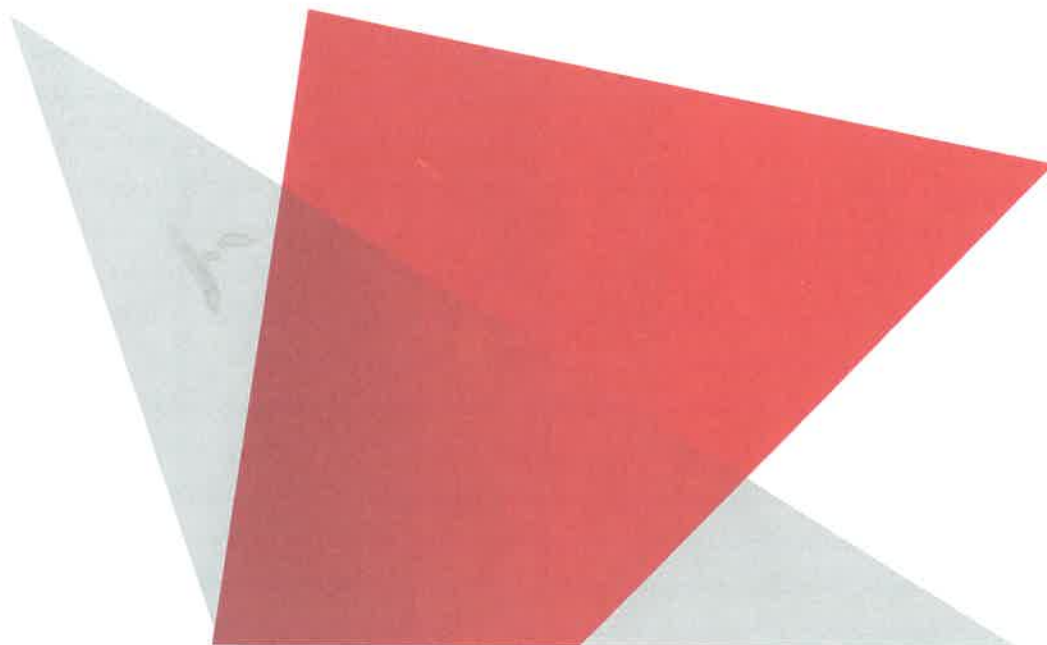
Office 10148 Riverside Drive
Toluca Lake, CA 91602

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)
06/26/2020

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	
INSURED FSHS Girls Basketball Boosters 400 College Street 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		XP80998373 NANPO0047618	6/27/2020	6/27/2021	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person) \$ 5,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PERSONAL & ADV INJURY \$ 1,000,000				
	AUTOMOBILE LIABILITY					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				COMBINED SINGLE LIMIT (Ea accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				BODILY INJURY (Per person) \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PROPERTY DAMAGE (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A				
	If yes, describe under DESCRIPTION OF OPERATIONS below					
A	Sexual Misconduct Liability		NANPO0047618	6/27/2020	6/27/2021	EACH OCCURRENCE \$
						AGGREGATE \$
						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio

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	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"/> EXCESS LIAB <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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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			NANPO0047618	6/27/2020	6/27/2021	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 / Sexual Misconduct Liability included. Event Description: various events Start Date: 6/27/2020 End Date: 6/27/2021

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 F AUTHORIZED REPRESENTATIVE Robert V. Nuccio
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POLICY NUMBER: XPK80998373
EFFECTIVE DATES: 6/27/2020 to 6/27/2021
CERTIFICATE NUMBER: NANPO0047618

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Simpson Co. School Board 400 S. College St. Franklin , KY 42134
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

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

MEMORANDUM OF INSURANCE

Master Policy Number: XPK80998373

Memorandum Number: NANPO0047618

Issuing Company:

The American Insurance Company

1465 N. McDowell Blvd

Petaluma, California 94954

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: FSHS Girls Basketball Boosters
- b. Street Address: 400 College Street
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

02. COVERAGE PERIOD

Inception Date 6/27/2020 12:01A.M. to Expiration Date 6/27/2021 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

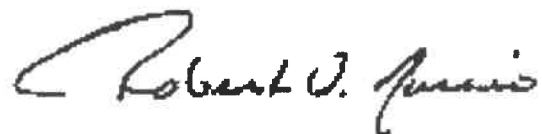
\$45.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued:

Form Number:NPOUWS001

By



Robert V. Nuccio



Applicant Information

School Support Group Type	Booster Club
School Support Group Name	FSHS Girls Basketball Boosters
Website	
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	Franklin Simpson High School
School Address	400 College Street
School City	Franklin
School State	KY
School Zip Code	42134
First Name	Kim
Last Name	Johnson
Phone	270-776-6631
E-Mail Address	ksjohns40@yahoo.com
Membership dues	0
Cash grants/gifts/scrips/online sales	4000
Bingo	0
Other Fund Raising Activities	7000
Is the applicant's mailing address the same as the address indicated above?	Yes

Coverages

Effective Date	6/27/2020
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.	Not Applicable
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
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, 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	Kim Johnson
Accepted Date	6/26/2020



R.V. NUCCIO & ASSOCIATES, INC.

Memorandum Number
Expiration Date

NANPO0047618
6/27/2021

Additional Insureds

1

Additional Insured Name
Address
City
State
Zip Code
Email Address
Phone Number
Event Description
Event Start Date
Event End Date
Special Wording
Optional Coverages:100%
Admin Options:100%

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

various events
6/27/2020
6/27/2021
Sexual Miscoduct Liability included



SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: FSHS Girls Basketball Boosters

Date: 06/26/2020

Proposed Coverage Dates: 6/27/2020 12:01AM to 6/27/2021 12:01AM

Client ID#: 1634749

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.

7/7/2020

Simpson County Schools Mail - Re: FS Ladycats Basketball Boosters end totals

 Simpson County
Schools Mail

Jane Ross <jane.ross@simpson.kyschools.us>

Re: FS Ladycats Basketball Boosters end totals

1 message

Jane Ross <jane.ross@simpson.kyschools.us>
To: Jill Thacker <jillnorwood69@me.com>

Thu, Jul 2, 2020 at 7:52 AM

On Thu, Jul 2, 2020, 7:18 AM Jill Thacker <jillnorwood69@me.com> wrote:

INCOME

Carry over	\$3600.18
Concession stand/signs	\$2600
Donations	\$500
Fundraiser	\$1622
TOTAL INCOME	\$8322.18

EXPENSES

PO Box	\$76
Poster	\$36
BSN Sports LLC	\$3115.92
Franklin Sporting Goods	\$49
RVNA Insurance	\$155
Plaques	\$295
Senior Night	\$54.83
Food	\$169.77
Summer Ball	\$540
Equipment	\$1000
TOTAL EXPENSES	\$5491.52

BALANCE	\$2830.66
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Sent from my iPhone