

BOOSTER GROUP OFFICER INFORMATION

Year:	2020	FEIN#	56-2547577
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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 Girls Soccer

Name of School and Principal Byron Darnall

School Address 400 South College St.

Name of Organization FS Girls Booster Club

Organization President Sunni Carver-Gregory

Address 1249 Ditmore Ford Rd. Franklin, KY 42134

Phone (270) 776-1345 E-mail sunnicarvergregory@yahoo.com

Name of Vice President Sherry Phillips

Address 1247 Uhls Rd. Franklin, KY 42134

Phone (270) 282-1042 E-mail sherphillips@gmail.com

Name of Secretary Shauna Frith

Address 1116 Blackjack Rd. Franklin, KY 42134

Phone (270) 306-9030 E-mail Payton2008@hotmail.com

Name of Treasurer Brandy Eversole

Address 604 Fairway Dr., Franklin, KY 42134

Phone (270) 223-0502 E-mail brandy.eversole@genuspics.com

If your organization President changes any time during the year, please notify the Principal at once.

**** Please attach a copy of your External Support Organization's proof of liability insurance coverage. ****

FSHS Girls Soccer Booster Club
Financial Statement
July 1, 2019 - June 30, 2020

Revenues:

Concessions	\$4,710.29
Sponsorships	\$5,690.00
Uniforms	\$253.00
Fundraising	\$14,870.29
Partial re-payment of Boys Soccer Invoice	\$500.00

Expenditures:

Concessions	\$3,098.42
Banquet	\$2,336.93
Tournament / Ref Fees	\$6,339.62
Boys Soccer Invoice payment	\$941.38
Equip./Uniforms/Field Improvement	\$5,035.21
Recognition Nights (senior and 8th grade)	\$694.98
Memorial Fund Donation	\$100.00
Postage/team app fee/taxes/insurance	\$582.93
Team Building Activities	\$1,031.14
Fundraiser expenses	\$7,348.39

Cash Beginning Balance (July 1, 2019):	\$13,901.95
Total deposits & cash on hand:	\$26,023.58
Total Expenditures:	\$27,509.00
Cash Ending Balance (June 30, 2020):	\$12,416.53

2020-2021 Lady Cats Soccer Budget (rough estimate)

Name/Reason/Category	Debit	Credit
	\$ 400.00	
State Fee	\$ 20.00	
Sams membership	\$ 45.00	
Team Snap	\$ 100.00	
BSN order (balls, uniforms)	\$ 1,139.00	
BSN goal	\$ 2,000.00	
Sponsorship signs	\$ 500.00	
Senior photos	\$ 100.00	
Tournament hotels/food	\$ 1,500.00	
Tournament registration	\$ 450.00	
Senior Night	\$ 300.00	
Lock-In	\$ 500.00	
Banquet	\$ 2,000.00	
Fundraisers		
Sponsorship	\$ 3,800.00	
NBC Preorders	\$ 1,500.00	
NBC Cruise-In	\$ 600.00	
Tshirts	\$ 300.00	
Concessions	\$ 1,500.00	
Mums	\$ 590.00	
Car Wash/Bake Sale	\$ 250.00	
H&R Block	\$ 400.00	
Ky Downs	\$ 400.00	
TOTALS	\$ 9,054.00	\$ 9,340.00 \$ 286.00

A For the 2018 Calendar year, or tax year beginning 2018-01-01 and ending 2018-12-31

B Check if available

☐ Terminated for Business

☒ Gross receipts are normally \$50,000 or less

C Name of Organization: FRANKLIN-SIMPSON SOCCER

BOOSTER CLUB INC

400 S COLLEGE ST.

FRANKLIN, KY, US, 42134

D Employee Identification

Number 56-2547577

E Website:

F Name of Principal Officer: BRANDY EVERSOLE

400 S COLLEGE ST.

FRANKLIN, KY, US, 42134

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2020

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 Franklin Simpson Girls Soccer Booster Club 430 South College Street Franklin, KY 42134	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Fireman's Fund Insurance Company</td><td>21873</td></tr><tr><td>INSURER B: Nationwide Life Insurance Company</td><td>66869</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	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:	
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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 <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"/>	XPB80998373 NANPO0047604	8/30/2020	8/30/2021	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 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.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
A	Directors and Officers		NPDO0053792	8/30/2020	8/30/2021	\$1,000,000
B	AD&D Medical Plus		NPOAM0038701	8/30/2020	8/30/2021	\$10,000
A	Sexual Misconduct Liability		NANPO0047604	8/30/2020	8/30/2021	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. Event Description: soccer booster club Start Date: 8/30/2020 End Date: 8/30/2021

CERTIFICATE HOLDER**CANCELLATION**Simpson County Board of Education
430 South College Street
Franklin, KY 42134

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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POLICY NUMBER: XPK80998373
EFFECTIVE DATES: 8/30/2020 to 8/30/2021
CERTIFICATE NUMBER: NANPO0047604

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 County Board of Education 430 South College Street 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.



Applicant Information

School Support Group Type	Booster Club
School Support Group Name	Franklin Simpson Girls Soccer Booster Club
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	430 South College Street
School City	Franklin
School State	KY
School Zip Code	42134
First Name	Brandy
Last Name	Eversole
Phone	2702230502
E-Mail Address	brandy.eversole@yahoo.com
Membership dues	0.00
Cash grants/gifts/scripts/online sales	0.00
Bingo	0.00
Other Fund Raising Activities	4500.00
Is the applicant's mailing address the same as the address indicated above?	Yes

Coverages

Effective Date	8/30/2020
Liability Plus	\$1,000,000/\$2,000,000
Damage to Premises Rented Limit	\$100,000
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
Directors and Officers Plus	Yes
Accident Medical Plus	Limit \$10,000
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	Brandy Lee Eversole
Accepted Date	6/24/2020



Memorandum Number
Memorandum Number D&O
Memorandum Number AD&D
Expiration Date

NANPO0047604
NPODO0053792
NPOAM0038701
8/30/2021

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 County Board of Education
430 South College Street
Franklin
KY
42134
brandy.everole@yahoo.com
2702230502
soccer booster club
8/30/2020
8/30/2021



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/24/2020

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 777 San Marin Drive Novato, California 94998-2000	
FAX (A/C. No.): (818) 980-1595		E-MAIL ADDRESS: support@rvnuccio.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Franklin Simpson Girls Soccer Booster Club 430 South College Street Franklin, KY 42134		LOAN NUMBER		POLICY NUMBER NANPO0047604	
		EFFECTIVE DATE 8/30/2020		EXPIRATION DATE 8/30/2021	
				<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

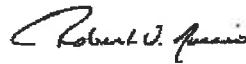
COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Property/Equipment Insurance	Not Covered	Not Covered
Crime Insurance	\$10,000	\$250

REMARKS (Including Special Conditions)

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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> 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: XPK80998373

Memorandum Number: NANPO0047604

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: Franklin Simpson Girls Soccer Booster Club
- b. Street Address: 430 South College Street
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

02. COVERAGE PERIOD

Inception Date 8/30/2020 12:01A.M. to Expiration Date 8/30/2021 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**

\$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

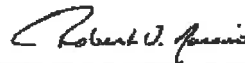
\$78.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued:

Form Number:NPOUWS001

By



Robert V. Nuccio

3/20/2008

NPOUWS001

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

MEMORANDUM OF INSURANCE

Master Policy Number: USF0769320

Memorandum Number: NPODO0053792

Issuing Company:

Fireman's Fund Insurance Company

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 Girls Soccer Booster Club
- b. Street Address: 430 South College Street
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

02. COVERAGE PERIOD

Inception Date 8/30/2020 12:01A.M. to Expiration Date 8/30/2021 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. RETROSPECTIVE DATE: 8/30/2020

04. BUSINESS TYPE

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

05. COVERAGE

a. **DIRECTORS & OFFICERS LIABILITY**

01. Each Claim

\$1,000,000

\$0

02. Annual Aggregate

\$1,000,000

b. **EMPLOYMENT PRACTICES LIABILITY**

Covered

\$0

State Guarantee Fund

\$0.00

06. TOTAL PREMIUM Due At Inception

\$24.75

07. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: 06/24/2020

Form Number: NPOUWS001

By 

Robert V. Nuccio

3/20/2008

NPOUWS001

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**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
ACCIDENT MEDICAL INSURANCE POLICY**

MEMORANDUM OF INSURANCE

Master Policy Number: 60271000013077001

Memorandum Number: NPOAM0038701

Issuing Company:

Nationwide Life Insurance Company

1 Nationwide Plaza

Columbus, OH 43215

Nationwide Claims: 1-800-567-2685

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 Girls Soccer Booster Club

b. Street Address: 430 South College Street

c. City: Franklin

d. State: KY

e. Zip Code: 42134

02. COVERAGE PERIOD

Inception Date 8/30/2020 12:01A.M. to Expiration Date 8/30/2021 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

BENEFIT

DEDUCTIBLE

PREMIUM

ACCIDENT MEDICAL INSURANCE

\$73.00

a. Accidental Death

\$5,000

\$25

b. Accidental Dismemberment

\$5,000

\$25

c. Accident Medical Expense

\$10,000

\$25

d. Dental Maximum

\$5,000

\$25

State Guarantee Fund

\$0.00

05. TOTAL PREMIUM Due At Inception

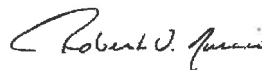
\$73.00

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Robert V. Nuccio

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