

Boys Basketball Projected Budget 2020-2021:

Liability Insurance:	\$400
Hudl:	\$1150
Equipment:	\$2000
Travel Suites:	\$2000
Christmas Tournaments:	\$1500
Senior Night:	\$500
Banquet:	\$500
Wal-Mart:	\$500
Feed team:	\$1000
Little League:	\$500
Workout Equipment:	\$500
<hr/>	
Total:	\$10,550

Fundraising Projects:

Concessions:	\$8000
Gym Signs:	\$3200
Sock Sales:	\$1000
Clothing Sales:	\$1000
AAU Tournaments:	\$2000
<hr/>	
Total:	\$15,200

2020-2021 Boys Basketball Booster Club Officers:

President--Celeste Jones
Vice-President--Michelle Hardesty
Treasurer--Samone Jones
Secretary--Carrie Mylor

2019-2020 FS WILDCAT BOYS BASKETBALL

Beginning Balance	\$ 4,601.56
Total Deposits	\$ 23,165.72
Total Expenses	\$ (25,302.19)
Ending Balance	\$ 2,465.09

Expenses:

▪ Food, Drinks, & Supplies	\$ 9,691.55
▪ Banquet Expenses	\$ -
▪ Team Jogging Suits & Shoes	\$ 4,738.94
▪ Insurance & Training Expenses	\$ 303.00
▪ Awards for Banquet/Senior night	\$ 501.00
▪ Summer Game Fees/Expenses	\$ 3,935.00
▪ Coaches Expenses	\$ 1,025.61
▪ Signs	\$ 434.00
▪ Team food expense	\$ 2,298.75
▪ Fundraiser expense	\$ 2,374.34
Total Expenses	\$ 25,302.19

Deposits

▪ Concessions	\$ 13,714.53
▪ Basketball tournament	\$ 240.00
▪ Fundraiser Deposit	\$ 9,211.19
Total Deposits	\$ 23,165.72



FSHS Boys Basketball
400 S College Street
Franklin, KY 42134

Specialty Insurance Products

Insurance Policy Number: NANPO0045768

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

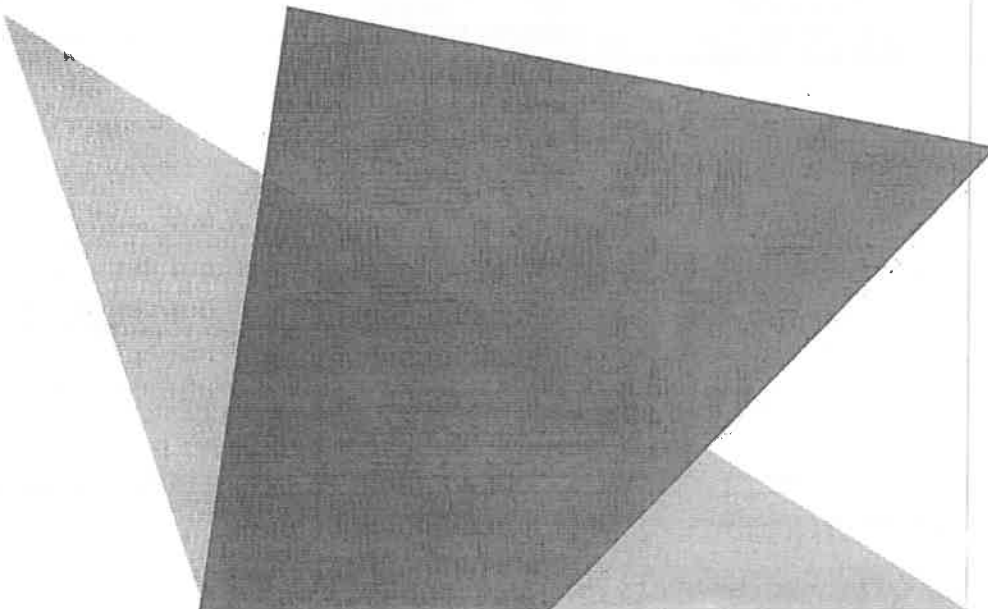
Office 10148 Riverside Drive
Toluca Lake, CA 91602

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)
11/08/2019

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														
INSURED FSHS Boys Basketball 400 S College Street Franklin, KY 42134	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><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></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:	
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 <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		XPX80998373 NANPO0045768	11/9/2019	11/9/2020	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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 - COM/OP AGG	\$ 2,000,000		\$
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 - COM/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					<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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 S <input type="checkbox"/>					<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
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				<table border="1"><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
WC STATU-TORY LIMITS	OTH-ER																			
E.L. EACH ACCIDENT	\$																			
E.L. DISEASE - EA EMPLOYEE	\$																			
E.L. DISEASE - POLICY LIMIT	\$																			
A	Directors and Officers		NPODO0051812	11/9/2019	11/9/2020	\$1,000,000														
B	AD&D Medical Plus		NPOAM0037662	11/9/2019	11/9/2020	\$10,000														
A	Sexual Misconduct Liability		NANPO0045768	11/9/2019	11/9/2020	1,000,000														

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 POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/08/2019

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	
INSURED FSHS Boys Basketball 400 S College Street Franklin, KY 42134		INSURER(S) AFFORDING COVERAGE INSURER A: Fireman's Fund Insurance Company NAIC # 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 <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 AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION S <input type="checkbox"/> 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	<input checked="" type="checkbox"/>	XP80998373 NANPO0045768	11/9/2019	11/9/2020	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 - COM/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ 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	Directors and Officers		NPOD0051812	11/9/2019	11/9/2020	\$1,000,000
B	AD&D Medical Plus		NPOAM0037662	11/9/2019	11/9/2020	\$10,000
A	Sexual Misconduct Liability		NANPO0045768	11/9/2019	11/9/2020	1,000,000

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

Additional Insured: Simpson County Board of Education

Sexual Misconduct Liability included. / Sexual Misconduct Liability included. Event Description: various events Start Date: 11/9/2019 End Date: 11/9/2020

CERTIFICATE HOLDER

Simpson County Board of Education
430 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

© 1988-2010 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: XPK80998373
EFFECTIVE DATES: 11/9/2019 to 11/9/2020
CERTIFICATE NUMBER: NANPO0045768

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 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 Issuing Company: The American Insurance Company 1465 N. McDowell Blvd Petaluma, California 94954 Nationwide Claims: 1-888-347-3428	Memorandum Number: NANPO0045768 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 Boys Basketball
 b. Street Address: 400 S College Street
 c. City: Franklin
 d. State: KY
 e. Zip Code: 42134

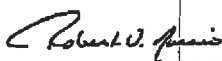
02. COVERAGE PERIOD
 Inception Date 11/9/2019 12:01A.M. to Expiration Date 11/9/2020 12:01A.M. Standard Time at the Named Insured's address as stated above.

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			
Business Personal Property/Equipment	Not Covered	Not Covered	\$0.00
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

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

MEMORANDUM OF INSURANCE

Master Policy Number: NDF32253080 Issuing Company: The American Insurance Company 1465 N. McDowell Blvd Petaluma, California 94954 Nationwide Claims: 1-888-347-3428	Memorandum Number: NPODO0051812 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 Boys Basketball b. Street Address: 400 S College Street c. City: Franklin d. State: KY e. Zip Code: 42134	
02. COVERAGE PERIOD Inception Date 11/9/2019 12:01A.M. to Expiration Date 11/9/2020 12:01A.M. Standard Time at the Named Insured's address as stated above.	
03. RETROSPECTIVE DATE: 11/9/2019	
04. BUSINESS TYPE <input type="checkbox"/> PTA <input type="checkbox"/> PTO <input checked="" type="checkbox"/> Booster Club <input type="checkbox"/> Educational Foundation <input type="checkbox"/> Nonprofit Organization	
05. COVERAGE	LIMIT OF INSURANCE RETENTION PREMIUM
a. DIRECTORS & OFFICERS LIABILITY	
01. Each Occurrence	\$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: 11/08/2019
Form Number: NPOUWS001

By Robert V. Nuccio
Robert V. Nuccio

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

MEMORANDUM OF INSURANCE

Master Policy Number: 60271000013077001 Issuing Company: Nationwide Life Insurance Company 1 Nationwide Plaza Columbus, OH 43215 Nationwide Claims: 1-800-567-2685	Memorandum Number: NPOAM0037662 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 Boys Basketball
- b. Street Address: 400 S College Street
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

02. COVERAGE PERIOD

Inception Date 11/9/2019 12:01A.M. to Expiration Date 11/9/2020 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

ACCIDENT MEDICAL INSURANCE

	BENEFIT	DEDUCTIBLE	PREMIUM
a. Accidental Death	\$5,000	\$25	\$73.00
b. Accidental Dismemberment	\$5,000	\$25	
c. Accident Medical Expense	\$10,000	\$25	
d. Dental Maximum	\$5,000	\$25	

State Guarantee Fund \$0.00

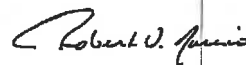
05. TOTAL PREMIUM Due At Inception

\$73.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: 11/08/2019
Form Number: NPOUWS001

By



Robert V. Nuccio

3/20/2008
NPOUWS001

© Copyright 2008. All rights reserved. R.V. Nuccio & Associates Insurance Brokers, Inc. 818-980-1413.



Applicant Information

School Support Group Type	Booster Club
School Support Group Name	FSSH Boys Basketball
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
School Address	400 S College Street
School City	Franklin
School State	KY
School Zip Code	42134
First Name	Jennifer
Last Name	Knight
Phone	270-725-5905
E-Mail Address	jennifer.knight@franklinky.org
Membership dues	0
Cash grants/gifts/scrips/online sales	0
Bingo	0
Other Fund Raising Activities	2500
Is the applicant's mailing address the same as the address indicated above?	Yes

Coverages

Effective Date	11/9/2019
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	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, 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	Jennifer Knight
Accepted Date	11/8/2019

RVNA[®]



R.V. NUCCIO & ASSOCIATES, INC.

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

NANPO0045768
NPODO0051812
NPOAM0037662
11/9/2020

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

Simpson County Board of Education
430 S. College St
Franklin
KY
42134

various events
11/9/2019
11/9/2020

Simpson County Board of Education Sexual
Miscnduct Liability included.



SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: FSHS Boys Basketball

Date: 11/08/2019

Proposed Coverage Dates: 11/9/2019 12:01AM to 11/9/2020 12:01AM Client ID#: 1575658

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	\$1,000,000	\$	24.75
RVNA, Inc. Administration Charge		\$	25.25
4. Accident Medical Plus	\$10,000	\$	73.00
RVNA, Inc. Administration Charge		\$	25.00
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		\$	303.00

**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.