# 2020-2021 Band Booster Officers

President – Rebecca Skipworth, 270-776-3208

VP – Eric Allen, 270-776-2990

Treasurer – Pam Crowdus, 270-776-2990

Secretary – Rebecca Cook, 270-306-9120

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: MAY 15 2013

FRANKLIN-SIMPSON BAND BOOSTERS INC PO BOX 26 FRANKLIN, KY 42135 Employer Identification Number: 61-1150193
DLN: 17053139341022

Contact Person: CARLY D YOUNG

ID# 31494

Contact Telephone Number: (877) 829-5500

Accounting Period Ending: May 31

Public Charity Status: 509(a)(2)

Form 990 Required:

Effective Date of Exemption: May 15, 2012

Contribution Deductibility:

Yes Addendum Applies: Yes

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

### FRANKLIN-SIMPSON BAND BOOSTERS INC

### ADDENDUM

Based on the information submitted with your application, we approved your request for reinstatement under Notice 2011-44. Your effective date of exemption, as shown in the heading of this letter, is the postmark date of your application.

### FSHS BAND BOOSTERS BUDGET 2019-2020

Updated 6/1/20

			Judicu 0/ 1/20	
	PROJECTED INCOME	PROJECTED EXPENSE	PROJECTED NET	ACTUAL INCOME
2019 FS INVITATIONAL CONTEST	22,716.00	(9,487.51)	13,228.49	21,622.16
DISCOUNT CARD SALES	10,280.00	(633.26)	9,646.74	7,890.00
AMICO ELINIDO ALCINIO		(		
MISC FUNDRAISING	9,726.00	(1,763.00)	7,963.00	8,820.17
DONATIONS	1,200.00		1,200.00	4,069.89
BAND CAMP	9,374.00	(5,800.00)	3,574.00	8,221.00
MARCHING BAND EXPENSES BY BOOSTERS	200.00	(30,177.26)	(29,977.26)	921.50
(instruction, uniform, equipment etc)				
STUDENT RECOGNITION	507.08	(3,426.72)	(2,919.64)	525.00
MISC BOOSTER EXPENSES	15.00	(1,419.00)	(1,404.00)	41.23
WINTER GUARD	2,800.00	(3,550.00)	(750.00)	550.00
TOTAL	56,818.08	(56,256.75)	561.33	52,660.95

ACTUAL EXPENSE	ACTUAL NET
(8,504.11)	13,118.05
/542.50\	7 277 44
(512.59)	7,377.41
(3,920.66)	4,899.51
0.00	4,069.89
(6,610.00)	1,611.00
(25,049.43)	(24,127.93)
(2,419.35)	(1,894.35)
(1,067.70)	(1,026.47)
(2,521.21)	(1,971.21)
(50,605.05)	2,055.90

				Projected
		FG INN (ITATION A)	INCOME	EXPENSE
	100	FS INVITATIONAL	4	
	ADS	PROGRAM AD DONATIONS	\$ 4,020.00	-
	-	ATTA BOYS & SENIOR SALUTES	\$ 200.00	
		PROGRAMS SALES	\$ 575.00	4 4500.00
		PROGRAMS - COST OF PRINTING		\$ (680.00
	TROPHIES	TROPHY SPONSORS	\$ 2,550.00	\$ (1,403.45
	TICKET SALES	ESTIMATED 950 PERSONS @ \$8 per	\$ 7,600.00	
		SPIRIT JARS	\$ 250.00	
		DONATIONS	\$ 30.00	
	CONCESSIONS	CONCESSION SALES	\$ 2,500.00	\$ (1,000.00
	OTHER	PIZZA TENT SALES	\$ 279.00	\$ (100.00
		KONA ICE TRUCK SALES	\$ 150.00	
		ON THE GO BBQ	\$ 100.00	
		BOJANGLES SALES	\$ 225.00	
		BAKE SALE	\$ 300.00	
	TSHIRT SALES	T SHIRT SALES - TOTAL	\$ 937.00	\$ (457.00)
	CONTEST FEES/	EXPENSES		
		JUDGES		\$ (2,189.40)
		SUPPLIES		\$ (500.00)
		HOSPITALITY ROOM		\$ (100.00)
		JANITORIAL		\$ (57.66)
		START UP CHANGE		\$ (3,000.00)
		START UP CHANGE	\$ 3,000.00	
		TOTAL FEES/EXPENSES		
TOTAL PR	OJECTED FOR 20	18 FS INVITATIONAL CONTEST	\$ 22,716.00	\$ (9,487.51)
DISCOUNT	CARD SALES	DISCOUNT CARD SALES	\$ 10,280.00	\$ (633.26)
	كالشقائق بلق	TOTAL DISCOUNT CARDS	\$ 10,280.00	\$ (633.26)
MISC FUN		BAKE SALE (NOT INVITATIONAL)	\$ 300.00	
		CAR WASHES	\$ 1,000.00	
		SPIRIT NIGHT	\$ 1,200.00	
		FLOWER/SNACK SALES	\$ 2,370.00	\$ (1,313.00)
		LITTLE CAESARS		
		FRUIT SALES		
		TUPPERWARE SALES	\$ 100.00	
		KRISPY KREME	\$ 500.00	
		NISSAN/ASCEND EVENTS	\$ 700.00	

	And with the same			Т		I		
					Actual			
	NET		INCOME		EXPENSE		NET	Projected VS Actu
				_				
_		\$	2,835.00	1		╀		
_		\$	282.50	┝		┝		
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\$	4,115.00	╁		\$	(526.92)	\$	3,090.58	
\$	1,146.55	5	2,110.00	\$	(748.25)	\$	1,361.75	
Ÿ	2,210.00	1	2,110.00	Ť	(110.25)	1	1,501.75	
		\$	7,996.00	Γ		T		
		\$	463.86					
\$	7,880.00					\$	8,459.86	
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\$	1,500.00	\$	2,458.05	\$	(1,352.97)	\$	1,105.08	
		\$	250.00					
		\$	58.00					
		\$	267.75					
\$	954.00	\$	343.00			\$	918.75	
\$	480.00	\$	1,358.00	\$	(953.50)	\$	404.50	
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				-	(2,163.72)	_		
				\$	(58.75)	_		
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		_		_	(2.700.00)			
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\$	(2,847.06)		1 622 16	*	(8,504.11)	\$ <b>\$</b>	(2,222.47)	\$ (110.4
\$	13,228.49	24	21,622.16	7	(8,504.11)	3	13,118.05	\$ (110.4
		\$	7,890.00	\$	(512.59)			
\$	9,646.74		7,890.00	\$	(512.59)		7,377.41	\$ (2,269.3
Υ	3,040.74	Y	7,050.00	y	(312.33)	Y	1,3/1,71	(2,203.2
		\$	624.85	\$	(300.00)	\$	324.85	
		\$	656.22	_	(000.00)	_		
		\$	370.10					
		\$	1,747.00	\$	(1,318.99)	\$	428.01	
			2,350.00		(1,355.67)	\$	994.33	
		\$	802.00	\$	(396.00)	\$	406.00	
		\$	135.00					

	MATTRESS FUNDRAISER	\$ 2,500.00	)
	KY DOWNS TAMPING	\$ 400.00	
	KY DOWNS INFLATABLES	\$ 1,156.00	\$ (450.0
	TOTAL MISC FUNDRAISING	\$ 10,226.00	
DONATIONS	MISSELLANISOUS DONATIONS	4 4 222 24	
DONATIONS	MISCELLANEOUS DONATIONS	\$ 1,200.00	
	TOTAL DONATIONS	\$ 1,200.00	\$ -
BAND CAMP	BAND CAMP DUES	\$ 8,000.00	
	BAND CAMP STAFF		\$ (5,800.0
	SNAP RAISE	\$ 1,374.00	
	TOTAL BAND CAMP FEES	\$ 9,374.00	
MARCHING BAND EXP	DRILL		\$ (800.0
	MUSIC		\$ (2,500.0
	UNIFORM CLEANING (50 STUDENTS)		\$ (300.0
	INSTRUCTION - PERCUSSION		\$ (1,600.0
	INSTRUCTION - COLOR GUARD		\$ (1,600.0
	INSTRUCTION - BAND		\$(10,000.0
	UNIFORMS AND EQUIPMENT COLOR GUARD		\$ (5,000.0
	SHOES		\$ (200.0
	WATER		\$ (250.0
	GLOVES		\$ (200.0
	TSHIRT (BAND STUDENTS AND STAFF)		\$ (400.0
	EQUIPMENT BAND		\$ (250.0
	PROPS/PAINT		\$ (3,000.0
	FIELD PAINT		\$ (450.0
	TRAILER INSURANCE		\$ (137.2
	TRAILER AND TIRE REPAIR		\$ (250.0
	PIT TRAILER EXPENSE		\$ (100.0
	KMEA REGISTRATION		\$ (350.0
	PARENT NIGHT EXPENSE - FOOD	\$ 200.00	\$ (300.0
	MISC FOOD FOR BAND		\$ (500.0
	SEMI FINALS EXPENSE		\$ (1,800.0
	POOL PARTY		\$ (190.0
	TOTAL EXP BY BOOSTERS	\$ 200.00	\$ (30,177.2
TINDENT DECORATION	AU DISTRICT AND THE STATE OF TH	1.	
TUDENT RECOGNITION	ALL DISTRICT BAND EXPENSES/HONORS/QUAD	\$ 360.00	\$ (1,514.50
	BANQUET FOOD		\$ (175.00
	BANQUET TROPHIES		\$ (1,000.00
	SENIOR RECOGNITION		\$ (346.22
	CONCERT BAND FESTIVAL		\$ (140.00
	KMEA SOLO/ENSEMBLE RECOGNITION	\$ 147.08	\$ (251.00
	TOTAL STUDENT RECOGNITION	\$ 507.08	\$ (3,426.72

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		+		+		+		+	
-		\$	2,135.00	\$	(550.00)	4	1,585.00		
\$	8,463.00	\$	8,820.17	1000	(3,920.66)		4,899.51	\$	(3,563.49)
	5,110,100	-	0,010,128					Ť	(=,===: :=)
		\$	4,069.89						
\$	1,200.00	\$	4,069.89	\$		\$	4,069.89	\$	2,869.89
		\$	8,221.00	\$	(100.00)	-			
				\$	(6,510.00)	L			
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\$	3,574.00	\$	8,221.00	\$	(6,610.00)	\$	1,611.00	\$	(1,963.00)
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		+		\$	(755.00)	$\vdash$			
		1			(1,665.00)				
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		T			(3,242.60)	T			
				\$	(209.45)				
				\$	(668.00)				
		\$	200.00	\$	(325.98)				
		_			(3,085.73)				
				\$	(391.60)				
		_		\$	(137.26)				
				\$	(587.97)				
				_	/400.00\				
		\$	680.00	\$	(480.00)				
		\$	41.50	\$	(833.20) (556.25)				
		7	41.50	٠	(330.23)				
				\$	(214.90)				
\$ (	29,977.26)	\$	921.50			\$	(24,127.93)	Ś	5,849.33
T, 1				. 7. 1.				•	2,272.22
		\$	494.00	\$ (	1,871.00)				
				\$	(548.35)				
		\$	31.00		-				
\$	(2,919.64)	\$	525.00	\$ 1	2 410 251	\$	(1,894.35)	Ċ	1,025.29

TOTAL		\$ 57,318.08	\$ (56,256.75)
		\$ 2,800.00	\$ (3,550.00)
	WINTER GUARD	\$ 2,800.00	\$ (3,550.00)
	TOTAL MISC BOOSTER EXPENSES	\$ 15.00	\$ (1,419.00)
	INTEREST FROM SAVINGS	\$ 15.00	
	DCI MISCELLANEOUS		\$ (500.00)
	LIABILITY INS		\$ (205.00)
	LEGAL & TAXES		\$ (440.00
	LISCENSE & FEES		\$ (100.00
	CHECK & PO BOX RENTAL		\$ (74.00

\$	1,061.33	\$ 5	2,660.95	\$	(50,605.05)	\$ 2,055.90	\$ 994.57
\$	(750.00)	\$	550.00	\$	(2,521.21)	\$ (1,971.21)	\$ (1,221.21
		\$	550.00	\$	(2,521.21)		
\$	(1,404.00)	\$	41.23	\$	(1,067.70)	\$ (1,026.47)	\$ 377.53
		\$	6.23	\$	(341.70)		
		\$	35.00	ė	(241.70)		
				\$	(205.00)		
				\$	(445.00)		
_				\$	(76.00)		

#### **FSHS BAND BOOSTERS ANNUAL FINANCIAL REPORT 2019-20 BEGINNING BALANCE 6/1/19** \$15,340.99 INCOME 2019 FS INVITATIONAL CONTEST \$21,622.16 DISCOUNT CARD SALES \$7,890.00 WINTER GUARD/PERCUSSION \$550.00 MISC FUNDRAISING \$8,820.17 **DONATIONS** \$4,069.89 **BAND CAMP** \$8,221.00 MARCHING BAND INCOME \$921.50 MISC BOOSTER INCOME \$41.23 STUDENT RECOGNITION \$525.00 **TOTAL** \$52,660.95 **EXPENSE** 2019 FS INVITATIONAL CONTEST \$8,504.11 DISCOUNT CARD SALES \$512.59 WINTER GUARD/PERCUSSION \$2,521.21 **BAND CAMP** \$6,610.00 MISC FUNDRAISING EXP \$3,920.66 MARCHING BAND EXPENSES BY BOOSTERS (instruction, uniform, equipment etc) \$25,049.43 STUDENT RECOGNITION \$2,419.35 MISC BOOSTER EXPENSES \$1,067.70 \$50,605.05 **ENDING BALANCE 5/31/19** \$17,396.89

\$9,661.47

\$7,735.42

\$0.00

**CHECKING BALANCE:** 

**SAVINGS BALANCE:** 

DIFFERENCE:

120		44
	-	
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		-
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		-
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Franklin-Simpson Band Boo 400 South College Street Franklin, KY 42134

# **Specialty Insurance Products**

Insurance Policy Number: NANPO0043740

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

Office 10148 Riverside Drive

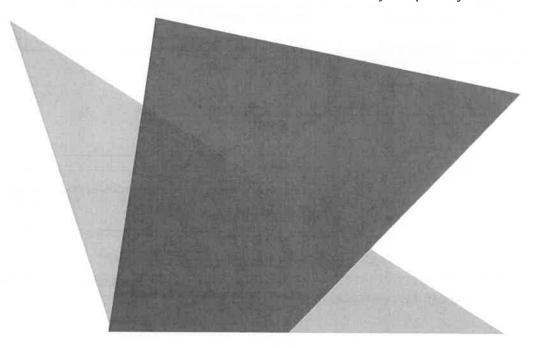
Toluca Lake, CA 91602

# 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) 08/07/2019

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).

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PRO	DDUCER	(LDS/A	DAVANA DAVANA	CONTA NAME:	ст Robert	V. Nuccio	A - DAZALA - DAZA	LA.	DATKIA
R	.V. Nuccio & Associates Insurance	e Brokers	s, Inc.	PHONE (A/C, N	/900	364-2433	FAX (A/C, No):	(81	8) 980-1595
1	0148 Riverside Drive		OA DUNIA DUNI	E-MAIL ADDRE		rt@rvnuccio		D3/3/	A DAVALA
T	oluca Lake, CA 91602	76.30				SURER(S) AFFO	RDING COVERAGE		NAIC#
	VILLA DANA DANA D		OVALA: BSVANA	INSURE			surance Company	- A	21873
INS	JRED	W-13/23	D-3 1975 11-11-11-11	-			surance Company		66869
F	ranklin-Simpson Band Boosters, I	nc.	CA RUNA RUN	INSURE		RVNA	RVNA RVNA	RVN	a RVNA
	00 South College Street			INSURE		11.7.1373	12 7 13 7 14 7 17 1		2231363
		A MOVE	RVNA: RVNA	INSURE	A D37/A1	A RVN	A RVNA RVN	A	RVNA
100	alikili , NI 42134								
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_	HIS IS TO CERTIFY THAT THE POLICIE			VE BEE	N ISSUED TO	THE INSURE		HE POL	ICY PERIOD
II	NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTAIN.	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR		ADDL SUB	R	4	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'S	A RVNA
	GENERAL LIABILITY	INSR WV		20124			EACH OCCURRENCE	-	1,000,000
Α	THE KYNA KYNA K	A.6/4	XPK80991558	RVN	8/13/2019	8/13/2020	DAMAGE TO RENTED	\$	100,000
	COMMERCIAL GENERAL LIABILITY	274.64	NANPO0043740		OF SECTION 1	a valar	PREMISES (Ea occurrence)		
	CLAIMS-MADE OCCUR	RVI	A RVIVA RVIV	M S	EVINAL II	IVNA	MED EXP (Any one person)	7 2 1 1 1 1	1,000,000
	TRUE ELIAVA BUALA D	VNA	STORES STORES	(Gara)	E #0.001	. 193.130	PERSONAL & ADV INJURY	\$	
	LANK RELAW MANN K	1000	RVNA RVNA	16. A. LAN		F 10 70 70 70	GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	9078	A RVNA RVN			OVNIA	PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC	24 V.E	N BERN BAR	CA.	CACOUR I	SKING.	COMBINED SINGLE LIMIT	\$	A REALISERS
	AUTOMOBILE LIABILITY	VNIA	RVNA RVNA	RVW		RVN	COMBINED SINGLE LIMIT (Ea accident)	\$	RVNA
	ANY AUTO	150	season passes	A VIII		263,000	BODILY INJURY (Per person)	Ψ	A Paris
	AUTOS AUTOS	RMA	A RVNA RVN	0. 1	DUNA I	OVERA E	BODILY INJURY (Per accident)	\$	h niview
	HIRED AUTOS NON-OWNED AUTOS	19.304			comment.		PROPERTY DAMAGE (Per accident)	\$	D. D. T. I. T. C.
633	AND BUILDING BUILDINGS IN	LINCOS I	037806 BYONA	51/10	. 355060	N 19 C7 K-C	1937/6UC BARA	\$	DISTRICT
	UMBRELLA LIAB OCCUR		33.313 13.13.3				EACH OCCURRENCE	\$	15 4 - 42"
	EXCESS LIAB CLAIMS-MADE	RVA	A RVNA RVNA	< 1	EVINA I	IVNA I	AGGREGATE	\$	A 01/20 A
	DED RETENTION \$				100			\$	
R	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	VNA	RVNA RVNA	RVN	V RVN	RVS	WC STATU- OTH- TORY LIMITS ER	Α 1	RVNA:
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	A RVWA RVW	A, I	WNA I	IVNA I	E.L. DISEASE - EA EMPLOYEE	\$	A RVNA
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Directors and Officers	/NA	NPODO0049544	RVIV	8/13/2019	8/13/2020	RVNA RVN	A I	\$1,000,000
	WING BYEN WIND	e la la la	A ANTONIO MONOMO		00000	00604 7			6 000 (000)
Α	Sexual Misconduct Liability	16 / 18	NANPO0043740	1	8/13/2019	8/13/2020	ATMA EVER	R9/19/4	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks S	Schedule,	If more space is	required)	73.71.0 Sec. 1	2 7	distant.
			KANY BARY	K WINE	F KANA		F RANGE KAM		RYNA
	WALLEST THE STATE OF THE STATE OF					TOWNS OF	VDCD PSONEN I	er a voice	59000000
	RUME RVNA RVNA		W KANNY KANN		Week B	CAMPINAL IN			4: 10.1/10.00
			Street Society of						WE THE A
						F 1676 DES			430000
			K DADAK PARKI		4752.6	AZNUA D	AVERA DAVISA :		A DIVINIO
^E	RTIFICATE HOLDER	R. Y. Di	24 N. S. 1925 S.		ELLATION	LVIVA	VERSE BACKOS I	V. V. 1907	
721		VNA	RVNA RVNA	DANA	RVAZ	RVNZ	RVNA RVN	Δ. Τ	CVNA
			10.000	SHOU	JLD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CA	NCELL	ED BEFORE
			A RVNA RVN	THE	EXPIRATION	DATE THE	REOF, NOTICE WILL B		
			A DESTRUCTION OF THE PARTY OF T	ACC	ORDANCE WIT	THE POLIC	Y PROVISIONS.		
			RVVA DVKA	LILBU	Jane 1	C CONTRACTOR	TOUND RUN.	0.	CV-19275
			25,4,24, 21,4,284)	AUTHOR	IZED REPRESEI	NTATIVE	TEVENE JEVIN		7.13.43
			A DAVIS BLOW	Dobo	ort V/ Nuo	nia C	Cobent V. Junio		C. Triffmont



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DATE (MM/DD/YYYY) 08/07/2019

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Ľ	certificate holder in lieu of such endo								
133	V. Nuccio & Associates Insurance	VNA	RVNA RVNA	CONT. NAME PHON		V. Nuccio	FAX	VA.	RVOVA
		brokers	, Inc.	(A/C, N	o, Ext): (OUU	) 364-2433	(A/C, No)	: (81	8) 980-1595
	0148 Riverside Drive	8.V)	JA BVNA ERVI	ADDR	ss: Suppo	rt@rvnuccio	com	DVN	A DAVING
10	oluca Lake, CA 91602			-			RDING COVERAGE		NAIC#
R	VNA RVNA RVNA R	VNA	RVNA RVNA				surance Company	JA	21873
	URED			INSUR	ERB: Nation	wide Life In:	surance Company		66869
Fr	anklin-Simpson Band Boosters, In	ic.	VA RVNA BVA	INSUR	ERC:	RVNA	RVNA RVNA	RVN	A RVNA
40	00 South College Street			INSUR	ER D :				
Fr	anklin , KY 42134	VNA		INSUR	ERE:	A RVN	A RVNA EVE	LA.	RVNA
				INSUR	ERF:				
			E NUMBER:	(4:	KVNA	KVNA	REVISION NUMBER:	R A IA	A KVIVA
C	HIS IS TO CERTIFY THAT THE POLICIE: NDICATED. NOTWITHSTANDING ANY R SERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSF LTR	TYPE OF INSURANCE	ADDL SUB	R S ISRIES BOSE	79	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs	A RYMA
A	GENERAL LIABILITY	V		1000000	8/13/2019	8/13/2020	EACH OCCURRENCE	\$	1,000,000
^	COMMERCIAL GENERAL LIABILITY	1.00	XPK80991558		0/13/2019	0/13/2020	DAMAGE TO RENTED	\$	100,000
	CLAIMS-MADE V OCCUR	BUN	NANPO0043740		DOWN: 1	VIVA	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 1/3/	5,000
		14 7:15	1000000 00000		RGC10004 1	A1455	PERSONAL & ADV INJURY	1	1,000,000
	IND. RVNA RVNA C	INA	DANKS BANKS		DVKI.	912.0	27 Y 10 1 10 1 15 1 15 1	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	-	2,000,000
	PRO-	RVN	N RVNA EVN		IVNA I	VNA 1	PRODUCTS - COMP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY				N. C. J.	1.1.1.1.1	COMBINED SINGLE LIMIT		A
	ANY AUTO	/ N.A	RSYNIA RYNA		C REN	N SVN	(Ea accident) BODILY INJURY (Per person)	S	EVINA
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	s	
	AUTOS AUTOS NON-OWNED	THVN	A RYNA RYN		OVNA 1	EVNA I	PROPERTY DAMAGE	S	A RVIVA
	HIRED AUTOS AUTOS						(Per accident)	\$	
177	UMBRELLA LIAB OCCUB	1717	HYNA - NVHA	RYN	E RVIV	RYN	L RYNA RYO	-	WHA.
	EXCESS LIAB OCCUR CLAIMS-MADE						EACH OCCURRENCE	\$	
	CLANVIS-WADE	100/166	OF BANKY RAM	w	AVENA I	EVNA I	AGGREGATE	\$	k RVNZ
137	WORKERS COMPENSATION	763.76	SUCA BUTTO	03.00	- Pressure	21/01	WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	107	STORE MACHINE	H-V/NO	r KAIW	A NY PO		2 1	CVINA
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	C RVNA RVN	A 4	VISA.	rVNA I	E.L. EACH ACCIDENT	\$	. 2011273
	If ves, describe under	110000		_ 1	V 1475	V 19024	E.L. DISEASE - EA EMPLOYEE		E SERVICE
A	DÉSCRIPTION OF OPERATIONS below  Directors and Officers	192.7	NDODOGGGGGGG	RVNI			E.L. DISEASE - POLICY LIMIT	\$	637876
А	Directors and Officers		NPODO0049544		8/13/2019	8/13/2020			\$1,000,000
Α	Sexual Misconduct Liability	PRVA.	NANPO0043740	4	0/12/2010	0/12/2020		(EV NO	4 000 000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (Attach		Schodulo	8/13/2019	8/13/2020			1,000,000
Add	litional Insured: / Sexual Misconduc	t Liability	included. Event Descri	ption: E	oard Start	Date: 8/13/2			
	RVNA RVNA RVSGA				VNA R				EARA Maria
CEF	RTIFICATE HOLDER			CANC	ELLATION				
130	pson County Board of Education South College Street		RVNA RVNA A WVSA RVN	THE	<b>EXPIRATION</b>	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
ial	nklin , KY 42134		RVNA BYNA	AUTHOR	IZED REPRESEN		THURN BUND	35	NWW.
			N. HAWA: DOWN	Robe	rt V. Nucc	io <	Cobent U. Precio		Bornski

### 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 show	n above, will be shown in the D	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

Issuing Company:   National Program Administrator:   R.V. Nuccio & Associates Insurance Brokers,   1045 N. McDowell Blvd   1045 N. McDowell Blvd   10148 Riverside Drive   10148 Riverside Driverside Driverside Riverside Driverside Riverside Driverside Riverside Riversid	Memorandum Number: NANPO0043740	Men	Master Policy Number: XPK80991558	Mas				
The American Insurance Company 1465 N. McDowell Blvd Petaluma, California 94954 Nationwide Claims: 1-888-347-3428 Nationwide Claims: 1-888-347-3428 Nationwide Claims: 1-888-347-3428 Nationwide Claims: 1-800-567-2685  OI. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)  a. Memorandum Holder: Franklin-Simpson Band Boosters, Inc. b. Street Address: 400 South College Street c. City: Franklin d. State: KY e. Zip Code: 42134  OZ. COVERAGE PERIOD Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insuraddress as stated above.  O3. BUSINESS TYPE PTA PTO Booster Club Educational Foundation Nonprofit Organization  O4. COVERAGE PERIOD In Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insuraddress as stated above.  O5. BUSINESS TYPE PTA PTO Booster Club Educational Foundation Nonprofit Organization  O6. COVERAGE PART LIMIT OF INSURANCE DEDUCTIBLE PREMAINAND MARINE PROPERTY COVERAGE PART Business Personal Property/Equipment Not Covered Not Covered \$250 (02)Forgery Or Alteration Not Covered \$250 (02)Forgery Or Alteration Not Covered \$250 (03)Theft, Disappearance And Destruction Of Money (a)Inside The Premises Not Covered \$250 (03)Theft, Disappearance And Destruction Of Money (a)Inside The Premises Not Covered \$250 (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 (05)Damage To Premises Rented To You \$100,000 (06)Medical Expense (07)Non-Owned And Hired Automobiles Not Covered			ssuing Company:	Issu				
1465 N. McDowell Blvd			The American Insurance Company					
Nationwide Claims: 1-888-347-3428 Nationwide: 1-800-567-2685  01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)  a. Memorandum Holder: Franklin-Simpson Band Boosters, Inc. b. Street Address: 400 South College Street c. City: Franklin d. State: KY e. Zip Code: 42134  02. COVERAGE PERIOD Inception Date 8/13/2019 12:01 A.M. to Expiration Date 8/13/2020 12:01 A.M. Standard Time at the Named Insuraddress as stated above.  03. BUSINESS TYPE    PTO   Booster Club     Educational Foundation   Nonprofit Organization  04. COVERAGE PART   LIMIT OF INSURANCE   DEDUCTIBLE   PREM   a. INLAND MARINE PROPERTY COVERAGE PART   Samples								
Nationwide Claims: 1-888-347-3428 Nationwide: 1-800-567-2685  1. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)  a. Memorandum Holder: Franklin-Simpson Band Boosters, Inc. b. Street Address: 400 South College Street c. City: Franklin d. State: KY e. Zip Code: 42134  1. COVERAGE PERIOD Inception Date 8/13/2019 12:01 A.M. to Expiration Date 8/13/2020 12:01 A.M. Standard Time at the Named Insuraddress as stated above.  1. BUSINESS TYPE PTA PTO Booster Club Educational Foundation Nonprofit Organization  1. COVERAGE PART LIMIT OF INSURANCE DEDUCTIBLE PREM INLAND MARINE PROPERTY COVERAGE PART Business Personal Property/Equipment Not Covered Not Covered  1. INLAND MARINE CRIME COVERAGE PART (01) Eimployee 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 (03) Theft, Disappearance And Destruction Of Money (a) Inside The Premises Not Covered \$250 (b) Outside The Premises Not Covered \$250 (02) Products/Completed Operations Aggregate \$2,000,000 (03) Personal And Advertising Injury \$1,000,000 (04) Each Occurrence (05) Damage To Premises Rented To You \$1,000,000 (04) Each Occurrence (05) Damage To Premises Rented To You \$1,000,000 (06) Medical Expense (07) Non-Owned And Hired Automobiles Not Covered  State Guarantee Fund \$440  State Guarantee Fund \$	Toluca Lake, CA 91602	Tolu	etaluma, California 94954	Peta				
01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED) a. Memorandum Holder: Franklin-Simpson Band Boosters, Inc. b. Street Address: 400 South College Street c. City: Franklin d. State: KY e. Zip Code: 42134  02. COVERAGE PERIOD Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insuraddress as stated above.  03. BUSINESS TYPE PTA PTO Booster Club Educational Foundation Nonprofit Organization  04. COVERAGE PART LIMIT OF INSURANCE DEDUCTIBLE PREM a. INLAND MARINE PROPERTY COVERAGE PART Business Personal Property/Equipment Not Covered Not Covered b. INLAND MARINE CRIME COVERAGE PART (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 (01)General Aggregate \$2,000,000 (02)Personal And Advertising Injury \$1,000,000 (03)Personal And Advertising Injury \$1,000,000 (04)Each Occurrence \$1,000,000 (05)Damage To Premises Rented To You \$100,000 (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 \$450			Nationwide Claims: 1-888-347-3428					
a. Memorandum Holder: Franklin-Simpson Band Boosters, Inc. b. Street Address: 400 South College Street c. City: Franklin d. State: KY e. Zip Code: 42134  02. COVERAGE PERIOD Inception Date 8/13/2019 12:01 A.M. to Expiration Date 8/13/2020 12:01 A.M. Standard Time at the Named Insuraddress as stated above.  03. BUSINESS TYPE  PTA PTO Booster Club Educational Foundation Nonprofit Organization  04. COVERAGE PART a. INLAND MARINE PROPERTY COVERAGE PART Business Personal Property/Equipment Not Covered Not Covered b. INLAND MARINE CRIME COVERAGE PART (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 (02)Products/Completed Operations Aggregate \$2,000,000 (03)Personal And Advertising Injury \$1,000,000 (03)Personal And Advertising Injury \$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 \$440  State Gua	NDUM HOLDER MEANS NAMED INSURED)	MORANDUM HOLDER MI	1. MEMORANDUM HOLDER NAME AND ADDRESS (MEM	01.				
b. Street Address: 400 South College Street c. City: Franklin d. State: KY e. Zip Code: 42134  02. COVERAGE PERIOD Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insuraddress as stated above.  03. BUSINESS TYPE    PTA	ters, Inc.	3oosters, Inc.	a. Memorandum Holder: Franklin-Simpson Band F					
c. City: Franklin d. State: KY e. Zip Code: 42134   02. COVERAGE PERIOD Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insuraddress as stated above.  03. BUSINESS TYPE PTA PTO Booster Club Educational Foundation Nonprofit Organization  04. COVERAGE PART LIMIT OF INSURANCE DEDUCTIBLE PREM Business Personal Property/Equipment Not Covered Not Covered  15. INLAND MARINE PROPERTY COVERAGE PART (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 (03)Theft, Disappearance And Destruction Of Money (a)Inside The Premises Not Covered \$250 (01)General Aggregate \$2,000,000 \$0 (02)Products/Completed Operations Aggregate \$2,000,000 \$0 (02)Products/Completed Operations Aggregate \$2,000,000 (03)Personal And Advertising Injury \$1,000,000 (04)Each Occurrence \$5,000 (07)Non-Owned And Hired Automobiles Not Covered State Guarantee Fund \$60.								
c. Zip Code: 42134  02. COVERAGE PERIOD Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insuraddress as stated above.  03. BUSINESS TYPE PTA PTO Booster Club Educational Foundation Nonprofit Organization  04. COVERAGE PART LIMIT OF INSURANCE DEDUCTIBLE PREM  a. INLAND MARINE PROPERTY COVERAGE PART Business Personal Property/Equipment Not Covered Not Covered  b. INLAND MARINE CRIME COVERAGE PART (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 (01)General Aggregate \$2,000,000 (03)Personal And Advertising Injury \$1,000,000 (04)Each Occurrence \$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 \$450  \$450								
02. COVERAGE PERIOD Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insuraddress as stated above.  03. BUSINESS TYPE PTA PTO Booster Club Educational Foundation Nonprofit Organization  04. COVERAGE PART LIMIT OF INSURANCE DEDUCTIBLE PREM Susiness Personal Property/Equipment Not Covered Not Covered Susiness Personal Property/Equipment Not Covered Susiness Property/Equipment Not Covered Susiness Property/Equipment Not Covered Susiness Property Susiness Part (01)General Aggregate Susiness Su			d. State: KY					
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Inception Date 8/13/2019 12:01A.M. to Expiration Date 8/13/2020 12:01A.M. Standard Time at the Named Insuraddress as stated above.  03. BUSINESS TYPE PTA PTO Booster Club Educational Foundation Nonprofit Organization  04. COVERAGE PART LIMIT OF INSURANCE DEDUCTIBLE PREM.  a. INLAND MARINE PROPERTY COVERAGE PART Business Personal Property/Equipment Not Covered Not Covered  b. INLAND MARINE CRIME COVERAGE PART (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 Aggregate (01)General Aggregate (02)Products/Completed Operations Aggregate \$2,000,000 (03)Personal And Advertising Injury \$1,000,000 (03)Personal And Advertising Injury \$1,000,000 (05)Damage To Premises Rented To You \$100,000 (05)Damage To Premises Rented To You \$5,000 (07) Non-Owned And Hired Automobiles Not Covered State Guarantee Fund \$6,000 (05) TOTAL PREMIUM Due At Inception State Guarantee Fund \$4,000 (05) (05) (05) (05) (05) (05) (05) (			2. COVERAGE PERIOD	02.				
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(b)Outside The Premises Not Covered \$250  c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART \$44  (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 \$65  TOTAL PREMIUM Due At Inception	7	loney						
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(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  TOTAL PREMIUM Due At Inception \$45	\$2,000,000 \$0	\$2,000,000						
(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  TOTAL PREMIUM Due At Inception \$45								
(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  TOTAL PREMIUM Due At Inception \$45								
(06)Medical Expense \$5,000 (07)Non-Owned And Hired Automobiles Not Covered State Guarantee Fund \$0  TOTAL PREMIUM Due At Inception \$45								
(07) Non-Owned And Hired Automobiles  Not Covered  State Guarantee Fund  \$05.  TOTAL PREMIUM Due At Inception  \$45								
State Guarantee Fund  State Guarantee Fund  \$45								
05. TOTAL PREMIUM Due At Inception \$45			(07) Non-Owned And Hired Automobiles					
		,	Tomas Domestine D. A. V.	0.5				
06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION	\$4		. TOTAL PREMIUM Due At Inception	05.				
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Date Issued:  By	By C Lobert V. Humo	Bv C	ite Issued:	Date				
Form Number:NPOUWS001 Robert V. Nuc	Robert V. Nu	/	rm Number:NPOUWS001	orm				

3/20/2008 NPOLIWS001

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

### MEMORANDUM OF INSURANCE

Ma	ster Policy Number: NDF32253080	Memorandum	Number: NPODO00	49544			
Issi	uing Company:	National Progra	National Program Administrator:				
Th	e American Insurance Company	R.V. Nuccio &	Associates Insura	nce Brokers, Inc.			
146	55 N. McDowell Blvd	10148 Riversid	le Drive				
Pet	aluma, California 94954	Toluca Lake, C	CA 91602				
Nat	tionwide Claims: 1-888-347-3428	Nationwide: 1	-800-567-2685				
01.	MEMORANDUM HOLDER NAME AND ADDRESS	(MEMORANDUM HOLDER MEANS NAME)	INSURED)				
	a. Memorandum Holder: Franklin-Simpson Ba	and Boosters, Inc.					
	b. Street Address: 400 South College S	Street					
	c. City: Franklin						
	d. State: KY						
	e. Zip Code: 42134						
02.	DO THILIDH I HINDS						
	Inception Date 8/13/2019 12:01A.M. to Expirat	tion Date 8/13/2020 12:01A.M. St	andard Time at the l	Named Insured's			
	address as stated above.						
03.	RETROSPECTIVE DATE: 8/13/2019						
04.	BUSINESS TYPE						
	□PTA □PTO ■Booster Club	Educational Foundation	☐Nonprofit Orga	anization			
05.	COVERAGE	LIMIT OF INSURANCE	RETENTION	Premium			
	a. DIRECTORS & OFFICERS LIABILITY			\$24.75			
	01. Each Occurrence	\$1,000,000	\$0				
	02. Annual Aggregate	\$1,000,000					
	b. EMPLOYMENT PRACTICES LIABILITY	Covered	<b>\$</b> 0				
		State Guar	rantee Fund	\$0.00			
06.	TOTAL PREMIUM Due At Inception			\$24.75			
	FORMS AND ENDORSEMENTS ATTACHED AT IN	NCEPTION					

Date Issued: 08/07/2019 Form Number: NPOUWS001 By Cobert V. Justio

Robert V. Nuccio



### Applicant Information

School Support Group Type

School Support Group Name

Website

Is your group primarily a project graduation group?

Does your organization conduct its business from a school campus between the grades of

K-12?

School Name

School Address

School City

School State

School Zip Code

First Name

Last Name

Phone

E-Mail Address

Membership dues

Cash grants/gifts/scrips/online sales

Bingo

Other Fund Raising Activities

Is the applicant's mailing address the same as the address indicated above?

**Booster Club** 

Franklin-Simpson Band Boosters, Inc.

No

Yes

Franklin-Simpson High School

400 South College Street

Franklin

KY

42134

Katie

Smith

270-306-1503

katie.smith@enbrightcu.com

00.008

0

0

48000 Yes

Coverages

Effective Date

Liability Plus

Damage to Premises Rented Limit

**Bonding Plus** 

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.

Directors and Officers Plus

Accident Medical Plus

**Property Plus** 

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?

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.

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?

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?

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.

Name

Accepted Date

8/13/2019

\$1,000,000/\$2,000,000

\$100,000

No, I do not want to purchase this coverage

Not Applicable

Yes

No, I do not want to purchase this coverage. No, I do not want to purchase this coverage.

No

Yes

Yes

Yes

Yes

Katie Smith 8/7/2019



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

### NANPO0043740 NPODO0049544

8/13/2020

### 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 South College Street

Franklin

KY

42134

Board 8/13/2019

8/13/2020



## SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

### **APPLICANT INFORMATION**

Applicant Name: Franklin-Simpson Band Boosters, Inc.

Date: 08/07/2019

Proposed Coverage Dates: 8/13/2019 12:01AM to 8/13/2020 12:01AM

Client ID#: 1530628

POLICY INFORMATION	LIMIT	Cost
1. Liability Plus	\$1,000,000/\$2,000,000	\$ 45.00
RVNA, Inc. Administration & Unlimited A	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	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		\$ 205.00

# 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.

					-	Projected
				INCOME		EXPENSE
		FS INVITATIONAL				
	ADS	PROGRAM AD DONATIONS				
		ATTA BOYS & SENIOR SALUTES	\$			
		PROGRAM SALES	\$	575.00		
		PROGRAMS - COST OF PRINTING	-		\$	(680.00
	TROPHIES	TROPHY SPONSORS			\$	(1,403.45)
	TICKET SA	ESTIMATED 950 PERSONS @ \$8 per	\$	7,600.00		
		SPIRIT JARS	\$	250.00		
		DONATIONS	\$	30.00		
	CONCESSI	CONCESSION SALES	\$	2,500.00	\$	(1,000.00)
	CONTOLOG	GONGESSION STREET	7	2,300.00	7	(1,000.00)
	OTHER	PIZZA TENT SALES	\$	279.00	\$	(100.00)
		KONA ICE TRUCK SALES	\$	150.00		
		ON THE GO BBQ	\$	100.00		
		BOJANGLES SALES	\$	225.00		
		BAKE SALE	\$	300.00		
	TSHIRT SA	T SHIRT SALES - TOTAL	\$	937.00	\$	(457.00)
	CONTEST	FEES/EXPENSES	_			
		JUDGES	_		\$	(2.100.40)
		SUPPLIES			\$	(2,189.40)
			_		_	(500.00)
		HOSPITALITY ROOM	-		\$	(100.00)
		JANITORIAL			\$	(57.66)
		START UP CHANGE			\$	(3,000.00)
		START UP CHANGE	\$	3,000.00		
TAI DD		TOTAL FEES/EXPENSES  OR 2018 FS INVITATIONAL CONTEST	\$	16 146 00	è	(0.407.54)
JIALPR	OJECTED FO	DR 2018 F3 INVITATIONAL CONTEST	3	16,146.00	\$	(9,487.51)
ISCOLINI	CARD SAL	DISCOUNT CARD SALES	\$	10,000.00	\$	(622.26)
1300011		TOTAL DISCOUNT CARDS	\$	10,000.00	_	(633.26)
		TOTAL DISCOUNT CARDS	3	10,000.00	\$	(633.26)
ISC FUN	DRAISING I	BAKE SALE (NOT INVITATIONAL)	\$	300.00		
		CAR WASHES	\$	650.00		
		SPIRIT NIGHT	\$	400.00		
100		FLOWER/SNACK SALES		100.00	4 8	JES TELL
		LITTLE CAESARS	\$	1,747.00	\$	(1,318.99)
		FRUIT SALES	\$	2,350.00	\$	(1,355.67)
		TUPPERWARE SALES	,	2,330.00	Ų	(1,333,07)
		KRISPY KREME	\$	802.00	\$	(305.00)
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		MATTRESS FUNDRAISER	\$	2,500.00		
		KY DOWNS TAMPING				
		KY DOWNS INFLATABLES	\$	2,135.00	\$	(550.00)
THE THE		TOTAL MISC FUNDRAISING	\$	10,884.00	\$	(3,620.66)
DONATIO	NS	MISCELLANEOUS DONATIONS	\$	1,200.00		
		TOTAL DONATIONS	\$	1,200.00	\$	-
BAND CAN	MP	BAND CAMP DUES	\$	Che (2)		400
		BAND CAMP STAFF	Ī		\$	(7,710.00)
		SNAP RAISE				,
	187.0	TOTAL BAND CAMP FEES	\$		\$	(7,710.00)
MARCHIN	G BAND E	DRILL			\$	(800.00)
		MUSIC			\$	(2,000.00)
		UNIFORM CLEANING (50 STUDENTS)			\$	(300.00)
		INSTRUCTION - PERCUSSION			\$	(1,600.00)
		INSTRUCTION - COLOR GUARD			\$	(1,600.00)
		INSTRUCTION - BAND			\$	(11,000.00)
		UNIFORMS AND EQUIPMENT COLOR GUARD		11 3,1	\$	
		SHOES			\$	(200.00)
		WATER			\$	(250.00)
		GLOVES .			\$	(200.00)
		TSHIRT (BAND STUDENTS AND STAFF)			\$	(400.00)
		EQUIPMENT BAND			\$	(250.00)
7 7-0		PROPS/PAINT		772	S	(1,000.00)
		FIELD PAINT			\$	(450.00)
		TRAILER INSURANCE			\$	(137.26)
		TRAILER AND TIRE REPAIR			\$	(250.00)
		PIT TRAILER EXPENSE			\$	(100.00)
		KMEA REGISTRATION			\$	(480.00)
		PARENT NIGHT EXPENSE - FOOD	\$	200.00	\$	(300.00)
		MISC FOOD FOR BAND			\$	(500.00)
		SEMI FINALS EXPENSE			\$	(1,800.00)
		POOL PARTY			\$	(190.00)
		TOTAL EXP BY BOOSTERS	\$	200.00		(23,807.26)
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STUDENT R	RECOGNIT	ALL DISTRICT BAND EXPENSES/HONORS/QUAD	\$	444.00	\$	(1,871.00)
		BANQUET FOOD			\$	(175.00)
		BANQUET TROPHIES			\$	(1,000.00)
		SENIOR RECOGNITION			\$	(346.22)
		CONCERT BAND FESTIVAL			\$	(140.00)
		KMEA SOLO/ENSEMBLE RECOGNITION	\$	147.08	\$	(251.00)
( Care	157,2 50	TOTAL STUDENT RECOGNITION	\$	591.08	\$	(3,783.22)
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		POSTAGE	_		\$	(100.00)

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TOTAL		\$	50,536.08	\$	(50,462.91)
	Sponsorship	\$	11,500.00		
					NAME OF TAXABLE PARTY.
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		\$		\$	
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	WINTER GUARD	\$			
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	TOTAL MISC BOOSTER EXPENSES	\$	15.00	\$	(1,421.00)
	INTEREST FROM SAVINGS	\$	15.00		
	MISCELLANEOUS			\$	(500.00)
	LIABILITY INS			\$	(205.00)
	LEGAL & TAXES			\$	(440.00)
	LISCENSE & FEES			\$	(100.00)
	CHECK & PO BOX RENTAL			\$	(76.00)

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