SIMPSON COUNTY SCHOOLS

ANNUAL FINANCIAL REPORT - BOOSTER CLUBS MUST BE SUBMITTED TO CENTRAL OFFICE BY JULY 25TH

Cabaal	FSMS & FSHS	Year 24.05
School	FS Lody Cats Soccer Box	Sparte 07/01/24
Organization Name	237 Cakridge In Franklin	VJ 42134
Organization Address	1921 (production transcu	TILL ISSUE
Beginning Cash Balance		\$ 11,673.18
Revenues (By Category):		
Admissions	\$ 1000,00	
Concessions	\$ 2033.55(profit)	
Items for Resale	\$ 3143.00	
Other:		
Sponsorship	s 4945.00	
	\$	
	\$	
Total Revenue	- :	s <u>11721.55</u>
Expenses (By Category):		
tax/lic/fees	s 944.00	
Concessions	\$ <u>800.00</u>	
refs -	\$ 840.00	
Other:		
vercognition	30510,00	
quipment	\$ 2472.00	
Uniforms	\$ 1954.00	
Total Expense	s:	s 9400.00
		. 12000 72
Ending Cash Balance		s 13,9a8.73
^		

Organization President

SIMPSON COUNTY SCHOOLS

SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

	70.16	2125
School	FSMS & FSHS	Year 24.25
Organization Name	FS Lady Cats Soc	cer Booster
Organization Address	237 carridge In	Franklin, Ky 4210
	Receipts	Expenditures Budget
Description	Budget	
Beginning Cash Balance	11,073.18	050.00
concessions	2033,55 (nexted)	200,00
oote fee	1000.00	
fundraisers	3143.00	
recognition		3056.00
tox lic fee		944.00
		840.00
refs	4945.00	
Spansorship	9-190.00	2472.00
equipment		130.00
Denvice Project		1954.00
uniforms		19709.00
Totals	23,394.73	9466.00
SI Muna Takia	004	
Organization Treasurer		Principal
•		07/01/24
Organization President		Date

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2024

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

the terms and conditions of the policy, certain policies may require an en					
certificate holder in lieu of such endorsement(s).	CONTACT Joseph Guerrero NAME: FAX (818	3) 980-1595			
PRODUCER DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers	PHONE (800) 364-2433 (A/C, No): (810	1) 960-1000			
DOXA Programs, LLC DBA R.V. Nuccio & Associates in the control of	NAME: 5030pri 6031 PHONE (A/C, No. Ext): (800) 364-2433 E-MAIL ADDRESS: Support@rvnuccio.com				
1014011110101	INCLIDERIS AFFORDING COVERAGE	NAIC #			
Toluca Lake, CA 91602	Fireman's Fund Insurance Company	21873			
	INSURER B : Axis Insurance Company	37273			
INSURED	INSURER C:				
Franklin Simpson Girls Soccer Booster Club	INSURER D :				
237 Oakridge Lane					
Franklin , KY 42134	INSURER E :				
	INSURER F: REVISION NUMBER:				
COVERAGES CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: CERTIFIC					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	THE TERMS			

con o I disal one			INSURER D :				
237 Oakridge Lane		INSURER E :					
Franklin , KY 42134		INSURER F:					
0.50	CICICATI	MIMRED.		R	EVISION NUMBER:		CV PERIOD
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH			BEEN REDUCED BY P	PAID CLAIMS.			WHICH THIS HE TERMS.
EXCLUSIONS AND CONDITIONS OF COOK	ADDL SUBF	R DOLLOW MILIMPER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	,	1,000,000
GENERAL LIABILITY	INSR WVD	UST021067230	8/30/2024	0/30/2020	DAMAGE TO RENTED	\$	100,000
COMMERCIAL GENERAL LIABILITY		NANPO0064873		-	PREMISES MEDICAL EXPENSE	\$	5,000
CLAIMS-MADE V OCCUR					PERSONAL & ADV INJURY	5	1,000,000
					GENERAL AGGREGATE	\$	2,000,000
					PRODUCTS - COMP/OP AGG	S	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC					THE PROPERTY OF LINET	\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT BODILY INJURY (Per person)	\$	
ANY AUTO					BODILY INJURY (Per accident)	3	
ALL OWNED SCHEDULED					PROPERTY DAMAGE	S	
NON-OWNED					(Per accident)	s	
HIRED AUTOS AUTOS					EACH OCCURRENCE	s	
UMBRELLA LIAB OCCUR					AGGREGATE	5	
EXCESS LIAB CLAIMS-MADE	4					\$	
DED RETENTION\$	\vdash				WC STATU- TORY LIMITS ER		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					E.L. EACH ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
(Mandatory in NH)	1				E.L. DISEASE - POLICY LIMIT		
If yes, describe under DESCRIPTION OF OPERATIONS below	+		8/30/2024	8/30/2025			\$1,000,000
A Directors and Officers		NPODO0073058	8/30/2024				\$10,000
B AD&D Medical Plus		NPOAM0048833	8/30/2024		1		Included
A Sexual Misconduct Liability NANPO0064873 8/30/2024 8/30/2025 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
Evidence of Insurance Only	CLES (AIR						
			CANCEL LATIO	N .			

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance Only	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
	Joseph Guerrero
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Applicant Information

Contact Person

First Name Last Name

Contact Phone Number

Contact Email

School Information

School Name School Address

School City School State

School Zip Code

Organization Information

School Support Group Type

Full Legal School Support Group Name

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

Mailing Address Street

Mailing Address City Mailing Address State

Mailing Address Zip Code

Website/Facebook/Instagram (If Any)

Organization Activity

Is your group primarily a project graduation group?

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

K-12?

Annual Revenues/Receipts

Membership dues

Cash grants/gifts/scrips/online sales

Other Fund Raising Activities

Coverages

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.

- There will be no pre-signing of blank checks.

- There will be a monthly bank reconciliation (re-balancing of the checkbook) performed by an organization officer other than that officer (usually the Treasurer) normally responsible for banking functions (this forces discovery of deposits which should have been made but have not been made).

Directors & Officers Plus

Accident Medical Plus

Property Plus

When would you like coverage to begin?

Policy Effective Date

Acknowledgements and Signature

Have you had any claims in the last 5 years which may have been covered by this type of insurance?

Shelby **DeWeese**

2702239386

Franklin Simpson High School 400 South College Street

Franklin

KY

42134

Booster Club

Franklin Simpson Girls Soccer Booster Club

237 Oakridge Lane

Franklin KY

42134

No

Yes

0 5000

0

5000

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

\$100,000

Limit \$10,000

Yes

Yes

Limit \$10,000

No, I do not want to purchase this coverage.

8/30/2024



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?

Lagree that after diligent inquiry, neither Lorr any of our Directors, Officers, or Members

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?

Do you understand and agree that by signing this application, R.V. Nuccio & Associates is hereby appointed and designated as your Broker Of Record regarding the placement of this insurance policy?

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

Shelby DeWeese 07/02/2024 NANPO0064873 NPODO0073058 NPOAM0048833 8/30/2025

Yes

Yes

Yes

Yes

Additional Insureds

Liability insurance automatically comes with a Certificate of Insurance for you. If someone has requested to be added to your policy as an Additional Insured, click the Add Insurance Certificate button below.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 7/2/2024

DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Bro 10148 Riverside Drive Toluca Lake, CA 91602 (800) 364-2433	THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATT ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER	AFFIRMATIVELY OR I OF INSURANCE DOES I AND THE ADDITIONAL	NEGATIVELY AMEINOT CONSTITUTE	ND, EXTEND OF	ALTER THE
DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Bro Tolluca Lake, CA 91502 250. Washington Street, Suite 1900 Chicago, IL 60606 8us core 100 Number 100 Numb	AGENCY PHONE (A/C, No. Ext):	COMPANY			1
10148 Riverside Drive Toluca Lake, C 49 flo2 (800) 384-2433 Joseph Guerrero Sale, (816) 980-1595 Sale, Support@rynuccio.com Sale Support@rynuccio.co	DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Bro	Fireman's Fund Insu	rance Company		
Chicago, IL 60606 Chicago, IL 6					
(800) 384-2433 Joseph Guerren ACC. No. (1818) 380-1595 ACC. No. (1818) 3	Toluca Lake, CA 91602				
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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 WORTGAGEE LOSS PAYEE LOAN # LOAN # AUTHORIZED REPRESENTATIVE JOSEPH GUETTERO	REMARKS (Including Special Conditions)				
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 MORTGAGEE LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIVE Joseph Guerrero	Evidence of Insurance Only				
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS MORTGAGEE LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIVE Joseph Guerrero	CANCELLATION	LED DEFORE THE E	VDIDATION DATE	THEREOF NOT	ICE WILL BE
NAME AND ADDRESS MORTGAGEE LOSS PAYEE LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIVE Joseph Guerrero	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	LLED BEFORE THE E	AFIRATION DATE	THEREOF, NO	ITILL UL
Evidence of Insurance Only Authorized Representative Joseph Guerrero	ADDITIONAL INTEREST				
Evidence of Insurance Only Authorized REPRESENTATIVE Joseph Guerrero	NAME AND ADDRESS		ADDITIONAL INSUR	ED	
Joseph Guerrero					
Joseph Guerrero	Evidence of Insurance Only	AUTHODITED DEPOSEDTAT	TVF		
	l .		>4.	2	

ACORD 27 (2009/12)

SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION COMMERCIAL PACKAGE INSURANCE POLICY

MEMORANDUM OF INSURANCE

		Policy Number: UST02	1067230		orandum Number: NAN	
	-	Company:			onal Program Administr	
		n's Fund Insurance Co		DOXA Programs, LLC DBA		
	225 W. Washington Street, Suite 1900				Nuccio & Associates	Insurance Brokers
	Chicago, IL 60606				8 Riverside Drive,	
Natio	Nationwide Claims: 1-888-347-3428			Tolu	ca Lake, CA 91602	
01.	ME	MORANDUM HOLDER!	NAME AND ADDRESS (MEM	IORANDUM HOLDER M	EANS NAMED INSURED)	
;	a.	Memorandum Holder:	Franklin Simpson Girls So	occer Booster Club		
1	b.	Street Address:	237 Oakridge Lane			
	c.	City:	Franklin			
,	d.	State:	KY			
	e.	Zip Code:	42134			
02.	Co	VERAGE PERIOD				
		eption Date 8/30/2024 lress as stated above.	12:01A.M. to Expiration	Date 8/30/2025 12	2:01A.M. Standard Time	e at the Named Insured's
03.		SINESS TYPE		_	_	
-		PTA PTO	☑Booster Club	Educational For		fit Organization
04.	Co	VERAGE PART		IIT OF INSURANCE	DEDUCTIBLE	PREMIUM
	a.		PERTY COVERAGE PART			\$0.00
		Business Personal Pro		Not Covered	Not Covered	****
,	b.	INLAND MARINE CRI			****	\$33.00
		(01)Employee Dishon		\$10,000	\$250	
		(02)Forgery Or Altera		\$10,000	\$250	
			nce And Destruction Of M	•	****	
		(a)Inside The Pres		\$10,000	\$250	
		(b)Outside The Pr		\$10,000	\$250	
1	c.		MOBILE LIABILITY COVE		••	\$45.00
		(01)General Aggregate		\$2,000,000	\$0	
			ed Operations Aggregate	\$2,000,000		
		(03)Personal And Adv	ertising injury	\$1,000,000		
		(04)Each Occurrence	and Dontal Ta Van	\$1,000,000		
		(05)Damage To Premi	ses Rented to You	\$100,000		
		(06)Medical Expense	TT: 1 A	\$5,000		
		(07) Non-Owned And	Hired Automobiles	Not Covered	State Guarantee Fund	£0.00
05.		TOTAL PREMIUM Due	e At Inception		State Guarantee Fund	\$0.00 \$78.00
06.	Foi	RMS AND ENDORSEMEN	NTS ATTACHED AT INCEP	TION	All Annahus and An	
Date	Iss	sued:		Bv	3:15	
		umber:NPOUWS001				Joseph Guerrero

3/20/2008 NPOUWS001

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

MEMORANDUM OF INSURANCE

Ma	ster	Policy Number: USF01:	299023	Memorand	um Number: NPODO00730)58
Issi	ing	Company:		National Pr	ogram Administrator:	
Fir	ema	n's Fund Indemnity C	orporation	DOXA Pro	grams, LLC DBA	
225	W.	Washington Street, Ste	1800	R.V. Nucc	io & Associates Insurance	Brokers
Chi	cago	o, IL 60606-3484		10148 Rive	erside Drive,	
Nat	ionv	vide Claims: 1-888-34	17-3428	Toluca Lak	e, CA 91602	
01.	ME	MORANDUM HOLDER	NAME AND ADDRESS	(MEMORANDUM HOLDER MEANS N.	AMED INSURED)	
	a.	Memorandum Holder:	Franklin Simpson Gir	rls Soccer Booster Club		
	b.	Street Address:	237 Oakridge Lane			
	c.	City:	Franklin			
	d.	State:	KY			
	e.	Zip Code:	42134			
02.	Co	VERAGE PERIOD				
	Inc	eption Date 8/30/2024	12:01A.M. to Expirati	ion Date 8/30/2025 12:01A.N	1. Standard Time at the Nar	med Insured's
	add	lress as stated above.	•			
03.	RET	TROSPECTIVE DATE: 8	3/30/2024			
		SINESS TYPE			-	
		PTA PTO	✓ Booster Club	☐Educational Foundation	on Nonprofit Organi	zation
05.	Co	VERAGE		LIMIT OF INSURANCE	RETENTION	PREMIUM
	a.	DIRECTORS & OFFIC	ERS LIABILITY			\$24.75
		01. Each Claim		\$1,000,000	\$250	
		02. Annual Aggregate	c	\$1,000,000		
	b.	EMPLOYMENT PRACT	TICES LIABILITY	Covered	\$250	
				Sumb	us Lines/Stamping Fee	0.78
06.	To	TAL PREMIUM Due At	Inception	Surp		\$25.53
-	-	RMS AND ENDORSEME		CEPTION		
07.	. 0	MAIS AND EMPORSEME	ACIII.DAI I.	1000 11001		

Date Issued: 7/2/2024 Form Number: NPOUWS001 By Joseph Guerrero

SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION ACCIDENT MEDICAL INSURANCE POLICY

MEMORANDUM OF INSURANCE

MEMORANI	DOM OF INSURANCE		
Master Policy Number: SRPO 18461000	Memorandum	Number: NPOAM00	48833
Issuing Company:		ram Administrator:	
Axis Insurance Company		ams, LLC DBA	
111 South Wacker Drive, Suite 3500		& Associates Insura	nce Brokers
Chicago, IL 60606	10148 Riversi	de Drive,	
Nationwide Claims: 1-800-567-2685	Toluca Lake,	CA 91602	
01. MEMORANDUM HOLDER NAME AND ADDRESS (MEM	ORANDUM HOLDER MEANS NAME	ED INSURED)	
 a. Memorandum Holder: Franklin Simpson Girls So 	occer Booster Club		
b. Street Address: 237 Oakridge Lane			
c. City: Franklin			
d. State: KY			
e. Zip Code: 42134			
02. COVERAGE PERIOD			
Inception Date 8/30/2024 12:01 A.M. to Expiration I	Date 8/30/2025 12:01A.M.	Standard Time at the	Named Insured's
address as stated above.			
03. BUSINESS TYPE			
□PTA □PTO ☑Booster Club	☐Educational Foundation	■Nonprofit Org	anization
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	\$250	\$25	
	State C	arantee Fund	\$0.00
OS TOTAL PRESSURA Due At Incention	State Gu	arantee runo	\$73.00
05. TOTAL PREMIUM Due At Inception	marks.		410.00
06. FORMS AND ENDORSEMENTS ATTACHED AT INCEP	HON		

Date Issued:7/2/2024 Form Number: NPOUWS001

Joseph Guerrero

PARTICIPATING ORGANIZATION MASTER APPLICATION FOR BLANKET ACCIDENT INSURANCE

Application is hereby made for a plan of INSURANCE based on the following statements and representations:

Part 1 - Policyholder

Name: National Alliance of Nonprofit Organizations, LLC	Policy Term: 1 Year
Policy Number: SRPO 18461000	

Part 2 - Participating Organization Information

Participating Organization Policy Number:	SRPO 18461000 NPOAM0048833				
Requested Effective Date: 8/30/2024 Expiration Date: 8/30/2025					
Legal Name of Subscriber: Franklin Simpson Girls Soccer Booster Club					
Complete Street Address: 237 Oakridge Lane , Franklin , KY 42134					
Group Type: ☐ PTA ☐ PTO ☑ Booster Club ☐ Educ	ational Foundation Nonprofit Organization				

Part 3 - Participating Organization Coverage

SCHEDULE OF BENEFITS

The following is a brief outline of the coverage and benefits provided by this Policy. If there is any conflict between the information in this Application and the Policy, the Policy will control in all respects. Please read the Conditions of Coverage and Description of Benefits sections of the Policy for full details.

Class 1 Eligible Persons:

All registered members of the Subscriber whose names are on file with the Subscriber and for whom the appropriate premium has been paid. Coverage for Participating Organizations is effective as per the Effective Date and Expiration Date shown on the Participating Organization Application. No new members will be accepted after the end of the Policy Term shown on the face page of the Policy.

CONDITIONS OF COVERAGE: Sponsored Activities Coverage

While participating in the Subscriber's scheduled, sponsored and supervised activities on the premises designated by the Subscriber. Includes direct travel without delay, deviation or interruption to and from the site of the Covered Activity.

Benefits

Selected Option	Premium Amount	Full Excess Accident Medical Maximum	Accident Medical Deductible	
2 1	\$73.00	\$10,000	\$25	
□ 2	\$81.00	\$25,000	\$25	
3	\$88.00	\$50,000	\$25	
All Options		AD&D Principal Sum \$5,000		
All Options		AD&D Aggregate Limit of Indemnity \$250,000		

Your Policy is underwritten by AXIS Insurance Company. The Policy is a legal contract between the Policyholder and AXIS Insurance Company. The Policyholder maintains a copy of the Policy. If there is any conflict between the information in this Application and the Policy, the Policy will control in all respects.

Part 4—Disclosures; Applicant's Acceptance of Terms

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.

Any person who knowingly who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

PARTICIPATING ORGANIZATION SIGNATURE	Signature On File
LICENSED BROKER/AGENT SIGNATURE	K&K Insurance Group Inc.

SCHOOL ACTIVITY FUND FUNDRAISER & CROWDFUNDING APPROVAL

		7
School	FSHS	4
Activity Account		
External Support/Booster Organization	FS Lady Cat Socrey boosters]
Name of Fundraiser	•	
Website (if applicable)		
Sponsor		
Date Submitted		
Purpose of fundraising activity: Raise funds to support FS Lady Cats Soccer te	the operational costs of the am.	• • • • • • • • • • • • • • • • • • •
Items to be sold or items requested for donation Buckets Hours Pick O. Co. Beneficiary/sport of fundraising activity:	te calendar, silent auction, camp, spor ish, concessions ent, uniforms, camera equipment & t	
Anticipated profit and plans for excess funds:		ex penses
\$8,000		•
		-
Date(s) scheduled: July 1, 2024	- June 30, 2025	- -
Names of adult supervisors at activity (chaperon Samantha Davidson, A Shelly Deweese, Lena Hooper	nes, custodians, etc.): 1985 Mills Huggins, Alyssa Schmidt, Savat	n Hardin,
Somentry Davidon	7 124 Date	-
Circle One: Approved Principal	Not Approved 71124 Date	
SBDM Council (If Council Policy)	Date	
0	Board Approval Date (if applicable)	