

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: 2024-2025	FEIN#	45-5292832
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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 FSHS Cheer Boosters

Name of School and Principal FSHS / Michael Wix

School Address 400 S College St, Franklin KY 42134

Name of Organization FS Cheer Boosters

Organization President Brittany Drake

Address PO Box 1133, Franklin, KY 42135

Phone 602 220-5352 E-mail bdrake0809@gmail.com

Name of Vice President Gabby Phillips

Address 608 Creekwood Dr, Franklin KY 42134

Phone 270 223-7087 E-mail _____

Name of Secretary Beth Wilson

Address 331 Oakridge Ln, Franklin, KY 42134

Phone 270 776-6105 E-mail _____

Name of Treasurer Jennifer Murray

Address 1007 Dogwood Dr, Franklin, KY 42134

Phone 270 306-9191 E-mail jennmurray79@yahoo.com

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

**Franklin Simpson High School Cheer Booster
2023 - 2024 Budget**

Beginning Balance 7/1/2024 - \$26907.31

Fundraisers

Cheer Clinics	1500
Tshirt Sales	2500
Tattoo Sales	1200
KY Downs	1500
GN Funding	15000
Sponsor Banner	15000
Pancake Breakfast	1000
Car Washes	500
Peanut Sales	2200
Spirit Nights	1500
Little League Cheer	4000
Food Trucks	1000

Total 46900

Expenses

Choreography	5000
Signs	1200
Homecoming Exp	350
Gifts	400
Shoes	1650
Printing	200
Banquet	700
Insurance	275
Regionals / State	2000
Poms	400
Nationals	34700
Tax Prep	300
PO Box	100

Total 47275

FINANCIAL REPORT

Num	Description	Memo	Category	Tag	Amount
DEP	Car Wash				24,864.48
DEP	Calendar fundraiser	car wash		fundraiser	626.5
debit	KY Sec of State	ky business license	administrative expense	fundraiser	500
debit	RV Nuccio	liability insurance	administrative expense		-15
ck #2323	Simpson County Schools	printing LL filers		fundraiser	-253
ck #2324	Simply Sweet Boutique	Little League uniforms		fundraiser	-90
debit	Amazon	cheer bows	uniform	fundraiser	-2414
debit	Varsity Spirit	warm ups	uniform		-16.95
debit	Varsity Spirit	poms and megaphones	supplies		-4398
ck #2326	Simpson County Schools	bus transportation to practice			-397.42
debit	Lil Sisters Shop	buttons and keychains			-348.98
DEP	GN Funding			fundraiser	-25
DEP	Spirit Nights (31W and Frosty Freeze)			concessions	300
DEP	Sponsor Banner			spirit night	450
ck #2325	Cheerville	chorography	competitions, camps, choreo	sponsor banner	3875
debit	Southwest Airlines	flight deposit			-2625
DEP	Sponsor Banner			nationals	-1250
DEP	Sponsor Banner			sponsor banner	5650
DEP	Little Cheer Clinic			sponsor banner	3900
DEP	Car Wash			fundraiser	1695
ck #2327	Nicole Law	stamps for sponsor letters		fundraiser	1002
debit	Amazon	spirit shop items		sponsor banner	-83.16
debit	Amazon	spirit shop items		fundraiser	-25.42
debit	Lil Sisters Shop	buttons and keychains		fundraiser	-250.07
ck #2328	Simply Sweet Boutique	clinic t-shirts		fundraiser	-52.5
DEP	Deposit from Square	sponsor banner		fundraiser	-299
debit	Varsity TV		supplies	sponsor banner	339.55
DEP	Deposit from Square	sponsor banner		admin	-149.99
debit	Wrist Band Bros	wrist bands		sponsor banner	242.45
debit	CVS	gift for choreographer		fundraiser	-153.68
debit	Team Dynamics	homecoming tattoos		gift	-100
debit	Varsity Shop	winter jackets	uniform	fundraiser	-799.5
DEP	Bundt cake sales				-2370.2
DEP	Bundt cake sales			fundraiser	4661
DEP	Tshirt sales			fundraiser	4488
DEP	GN Funding	concessions		fundraiser	875
DEP	Donation	in lieu of fundraising		fundraiser	6029
debit	Wal-Mart	printing (pancake breakfast)		donation	1400
debit	Fabric Wholesale	flags	supplies	fundraiser	-19.2
ck #2330	Nothing Bundt Cakes			fundraiser	-27.55
ck #2331	Simply Sweet Boutique	t-shirt for fundraiser		fundraiser	-6535
debit	Band Shoppe	flag poles	supplies	fundraiser	-616
debit	Amazon	spirit shop items			-78.22
DEP	GN Funding	concessions		fundraiser	-105.97
DEP	t-shirt sales			fundraiser	4615
DEP	Shogun food truck			fundraiser	75
DEP	Spirit Shop			fundraiser	382
DEP	Sponsor Banner			fundraiser	263
ck 2329	Ky State Treasurer	Gaming license exemption		sponsor banner	5000
ck 2332	Vital Signs	sponsor banner shirt			-25
ck 2333	Simply Sweet Boutique	pizza		sponsor banner	-476
debit	Dominos	homecoming flowers			-375
ck 2334	D&M Florist	UCA regional deposit		gifts	-64
debit	Varsity	trash pick up	competitions, camps, choreo		-250
DEP	The Mint				150
					400

DEP	McDonalds						spirit night	670
DEP	Spirit table sales							912
DEP	Pancake Breakfast							914
debit	Amazon						fundraiser	-45.55
DEP	Donation						donation	500
debit	Amazon				uniform			-31.78
debit	Amazon						gifts	-101.7
debit	Amazon						gifts	-101.7
debit	UCA				competitions, camps, choreo			-990
debit	Dollar Tree						gifts	-11.93
debit	Simply Sweet Boutique						gifts	-60
DEP	Uncle Charlie's Meat Truck						fundraiser	2053.75
DEP	Chamber of Commerce				Garden Spot Trot		donation	175
DEP	Auntie Anne's				food truck		fundraiser	327
DEP	Spirit Shop						fundraiser	247
DEP	Tattoo Sales						fundraiser	1671.2
ck 2.335	Simpson County Schools				bus transportation to practice			-178.2
debit	USA Cheer				coaches certification			-38
debit	County Inn & Suites				hotel for KHSAA			-955.76
debit	Pizza Hut				meal at KHSAA			-122.32
ck 2.336	D&M Florist				sr night flower			-60
ck 2.337	Gabby Phillips				reimburse vinyl		gifts	-122
debit	SAMS				speaker			-151.58
debit	Nike				christmas gift		gifts	-127.16
debit	Nike				christmas gift		gifts	-635.8
debit	USA Cheer				coaches certification			-38
debit	Cheddars				meal at Regionals		gifts	-418.56
debit	Nike				christmas gift		gifts	-635.8
ck 2.338	Simply Sweet Boutique				t shirts for sales		fundraiser	-188
debit	Dollar Tree				gift bags and supplies for gifts		gifts	-19.88
debit	Nike				christmas gift		gifts	-650.9
debit	Kohls				christmas gift		gifts	-71.55
debit	Nike				christmas gift		gifts	-72.32
debit	Nike				christmas gift		gifts	-650.91
debit	Dollar Tree				gift bags and supplies for gifts		gifts	-13.25
debit	Cashier's check to Competition Travel				hotel for Nationals			-10820.25
ck 2.341	Cash				food for state KHSAA			-500
DEP	GN Funding				concessions			3088
DEP	El Potrero				spirit night		fundraiser	241
DEP	t-shirt sales						fundraiser	170
DEP	Pancake Breakfast				sausage sales		fundraiser	35
ck 2.339	Vital Signs				competition signs			-74.2
DEP	Nike Refund				christmas gift return		gift	63.58
DEP	Nike Refund				christmas gift return		gift	63.58
DEP	Nike Refund				christmas gift return		gift	63.58
DEP	Nike Refund				christmas gift return		gift	127.16
DEP	Nike Refund				christmas gift return		gift	127.16
DEP	Nike				christmas gift return		gifts	381.48
debit	Amazon				practice skirts - nationals	uniform		-216.29
DEP	Nike Refund				christmas gift return		gifts	63.58
debit	Amazon							-23.64
DEP	Southwest Airlines				refund of deposit		nationals	1250
debit	Southwest Airlines				flight balance		nationals	-6524.7
debit	Amazon				practice skirts - nationals	uniform		-630.03
debit	UCA				competition fees	competitions, camps, choreo		-9695
ck 2.342	Vital Signs				competition signs	supplies		-200
DEP	plane ticket reimbursement				practice clothers - nationals	uniform	nationals	310.7
debit	Amazon				practice skirts - nationals	uniform		-201.23
DEP	Amazon return							195.23
DEP	shirt fundraiser						fundraiser	115
DEP	sponsor banner						sponsor banner	250

debit	Band Shoppe		supplies		-79.29
debit	Orlando Shuttle	flag bags		nationals	-180
debit	Etsy	airport shuttle		gifts	-164.3
ck 2343	Pyramid Prints	mickey ears	uniform		-1054.5
debit	blue vinyl for gifts	practice shirts - nationals		gifts	-6.35
debit	Amazon	practice shorts (male) - nat'l	uniform		-50.54
debit	Amazon	bows	uniform		-16.02
debit	Happy Limo	airport transportation - deposit		nationals	-493
DEP	Nike refund	christmas gift - returned			127.16
debit	Wai-Mart	mens socks for comp	uniform		-11.64
ck 2344	Simply Sweet Boutique	clinic t-shirts		fundraiser	-330
debit	Amazon	wagon for signs and poms	supplies		-74.19
debit	Amazon	socks for competition	uniform		-69.78
debit	Wai-Mart	food for practice			-42.27
debit	Meijer	food for practice			-13.98
debit	Acct Service Fee				-5
debit	Happy Limo	airport transportation - balance		nationals	-493
DEP	hotel reimbursement			nationals	1500
DEP	misc donation			donation	250
DEP	2A State Donation			donation	100
debit	VISA gift cards from Franklin Bank and Trust			nationals	-3876
debit	Zaxbys	food at nationals			-84.79
debit	Drury Inn	food for practice			-399.39
debit	Walt Disney World	team dinner		nationals	-575.2
debit	Universal Event Photo	Genie passes		nationals	-398
debit	Walt Disney World	comp pictures		nationals	-213
debit	Walt Disney World	Genie passes		nationals	-213
debit	Shop Varsity	Genie passes			-200.84
debit	Shop Varsity	Nationals patches		nationals	-200.84
debit	Chick Fil A	Finalist patches		nationals	-190.64
debit	Domino's	team dinner		nationals	-82.5
debit	Chick Fil A	team dinner		nationals	-51.97
debit	Wai-Mart	snacks and supplies		nationals	-35.45
debit	ESPN Grill Lake	Coaches lunch		nationals	-34
DEP	UCA Refund			nationals	182
debit	Amazon	bows	uniform		-12.71
debit	CVS	gift cards / sr night		gifts	-100
debit	D&M Florist	flowers / sr night		gifts	-20
DEP	cheer clinic			fundraiser	1460
DEP	sponsor banner			sponsor banner	350
ck 2346	Franklin Sporting Goods	patches		gifts	-927.15
ck 2349	Simpson County Schools	bus transportation to practice			-60
ck 2345	Vital Signs	signs	supplies		-258
ck 2350	Oak Tree Awards	end of year awards		gifts	-154
ck 2347	Richard Tibbs	reimburse sr gifts		gifts	-87.26
ck 2351	Cash	coaches gifts (100 each)		gifts	-200
debit	Zaxbys	banquet food		banquet	-169.58
debit	Amazon	bows			-16.95
ck 2348	Arling	banquet venue		banquet	-590
ck 2353	Cash	tryout judges			-150
DEP	middle school clinic			fundraiser	340
debit	VROC	choreography deposit			-750
ck 2354	Gabby Phillips	reimburse tryout bows	competitions, camps, choreo		-50
DEP	donation to cover banquet venue		uniform		500
ck 2355	Texas Roadhouse	peanut fundraiser		banquet	-480
DEP	Square deposit	little league clinic		fundraiser	289.8
DEP	Square deposit	little league clinic		fundraiser	57.96
debit	Southwest Airlines	flight deposit		nationals	-850
DEP	Square deposit	little league clinic		fundraiser	251.56
DEP	Square deposit	little league clinic		fundraiser	57.96
debit	VROC	choreography payment			-2000



Franklin-Simpson High School Cheer E
400 S. College St
Franklin , KY 42134

Specialty Insurance Products

Insurance Policy Number: NANPO0064918

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

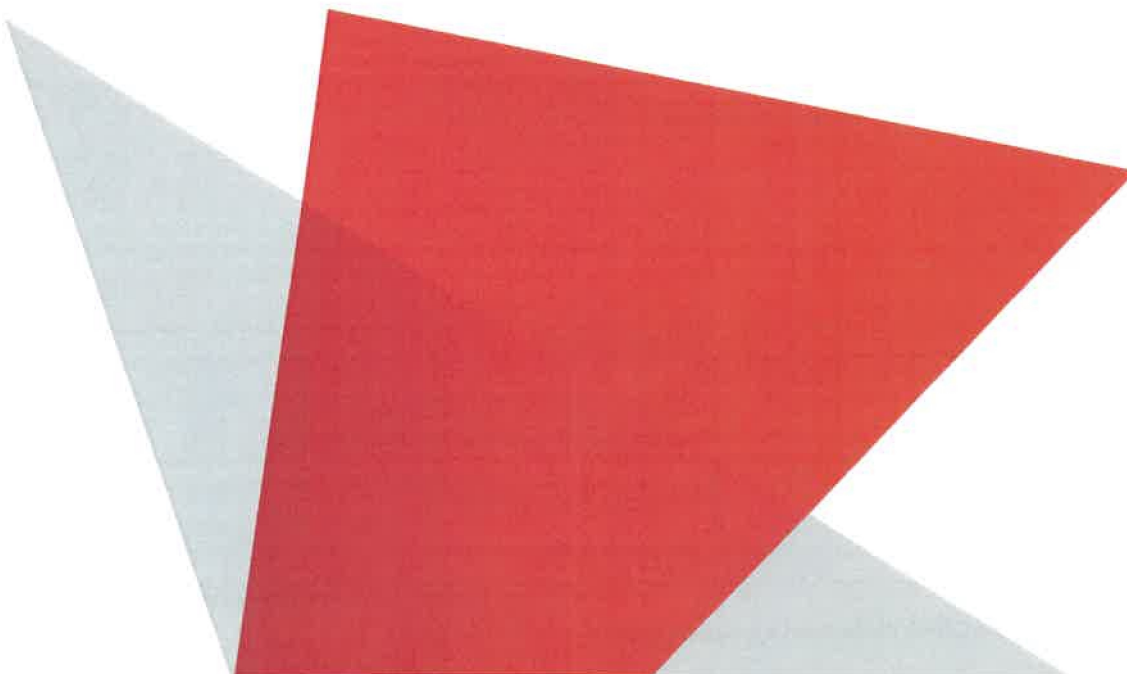
Office 10148 Riverside Drive
Toluca Lake, CA 91602

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 — We look forward to helping
with your specialty insurance needs.



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 Schools 400 S College 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: UST021067230
 Issuing Company:
Fireman's Fund Insurance Company
 225 W. Washington Street, Suite 1900
 Chicago, IL 60606
 Nationwide Claims: 1-888-347-3428

Memorandum Number: NANPO0064918
 National Program Administrator:
DOXA Programs, LLC DBA
R.V. Nuccio & Associates Insurance Brokers
 10148 Riverside Drive,
 Toluca Lake, CA 91602

01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)

- a. Memorandum Holder: Franklin-Simpson High School Cheer Boosters
- b. Street Address: 400 S. College St
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

02. COVERAGE PERIOD

Inception Date 8/8/2024 12:01A.M. to Expiration Date 8/8/2025 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. BUSINESS TYPE

- PTA PTO Booster Club Educational Foundation Nonprofit Organization

04. COVERAGE PART

	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
a. INLAND MARINE PROPERTY COVERAGE PART			\$0.00
Business Personal Property/Equipment	Not Covered	Not Covered	
b. INLAND MARINE CRIME COVERAGE PART			\$0.00
(01)Employee Dishonesty	Not Covered	\$250	
(02)Forgery Or Alteration	Not Covered	\$250	
(03)Theft, Disappearance And Destruction Of Money			
(a)Inside The Premises	Not Covered	\$250	
(b)Outside The Premises	Not Covered	\$250	
c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART			\$45.00
(01)General Aggregate	\$2,000,000	\$0	
(02)Products/Completed Operations Aggregate	\$2,000,000		
(03)Personal And Advertising Injury	\$1,000,000		
(04)Each Occurrence	\$1,000,000		
(05)Damage To Premises Rented To You	\$100,000		
(06)Medical Expense	\$5,000		
(07)Non-Owned And Hired Automobiles	Not Covered		

State Guarantee Fund \$0.00

05. TOTAL PREMIUM Due At Inception \$45.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued:
 Form Number:NPOUWS001

By Joseph Guerrero

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

MEMORANDUM OF INSURANCE

Master Policy Number: SRPO 18461000	Memorandum Number: NPOAM0048865
Issuing Company: Axis Insurance Company 111 South Wacker Drive, Suite 3500 Chicago, IL 60606 Nationwide Claims: 1-800-567-2685	National Program Administrator: DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers 10148 Riverside Drive, Toluca Lake, CA 91602

01. **MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)**

- a. Memorandum Holder: Franklin-Simpson High School Cheer Boosters
- b. Street Address: 400 S. College St
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

02. **COVERAGE PERIOD**
Inception Date 8/8/2024 12:01A.M. to Expiration Date 8/8/2025 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. **BUSINESS TYPE**
 PTA PTO Booster Club Educational Foundation Nonprofit Organization

	BENEFIT	DEDUCTIBLE	PREMIUM
04. COVERAGE PART 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 Guarantee Fund \$0.00

05. **TOTAL PREMIUM Due At Inception** \$73.00

06. **FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

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

By 
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	NPOAM0048865
Requested Effective Date: 8/8/2024	Expiration Date: 8/8/2025	
Legal Name of Subscriber: Franklin-Simpson High School Cheer Boosters		
Complete Street Address: 400 S. College St , Franklin , KY 42134		
Group 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		

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
<input checked="" type="checkbox"/> 1	\$73.00	\$10,000	\$25
<input type="checkbox"/> 2	\$81.00	\$25,000	\$25
<input type="checkbox"/> 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.

Important Notice

- ❖ ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of California:*** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ❖ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ❖ ***For residents of the District of Columbia:*** ***WARNING:*** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person 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.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ❖ ***For residents of Maine, Tennessee and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Maryland:*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Hampshire:*** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

- ❖ **For residents of Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ **For residents of Oregon:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ **For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- ❖ **For residents of Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ❖ **For resident of Virginia:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.



Applicant Information

Contact Person

First Name Jennifer
 Last Name Murray
 Contact Phone Number 270-306-9191
 Contact Email

School Information

School Name Franklin-Simpson High School
 School Address 400 S. College St
 School City Franklin
 School State KY
 School Zip Code 42134

Organization Information

School Support Group Type Booster Club
 Full Legal School Support Group Name Franklin-Simpson High School Cheer Boosters

Is the applicant's mailing address the same as the address indicated above? Yes
 Website/Facebook/Instagram (If Any) parentbooster.org

Organization Activity

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
 Annual Revenues/Receipts
 Membership dues 0
 Cash grants/gifts/scripts/online sales 0
 Bingo 0
 Other Fund Raising Activities 50000

Coverages

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
 Directors & Officers Plus No
 Accident Medical Plus Limit \$10,000
 Property Plus No, I do not want to purchase this coverage.

When would you like coverage to begin?

Policy Effective Date 8/8/2024

Acknowledgements and Signature

Have you had any claims in the last 5 years which may have been covered by this type of insurance? No

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

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? 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 Jennifer Murray
Date Signed 07/07/2024
Memorandum Number NANPO0064918
Memorandum Number D&O
Memorandum Number AD&D NPOAM0048865
Expiration Date 8/8/2025

Additional Insureds

1

Additional Insured Name Simpson County Schools
Address 400 S College
City Franklin
State KY
Zip Code 42134
Email Address
Phone Number
Event Start Date 08/08/2024
Event End Date 08/08/2025
Event Description All School Activities
Is there any specific wording the Additional Insured would like to see on the Certificate?



SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: Franklin-Simpson High School Cheer Boosters Date: 7/7/2024
 Proposed Coverage Dates: 8/8/2024 12:01AM to 8/8/2025 12:01AM Client ID#: 2242375

POLICY INFORMATION	LIMIT	COST
1. Liability Plus	\$1,000,000/\$2,000,000	\$ 45.00
RVNA Administration & Unlimited Additional Insured Charge		\$ 110.00
2. Bonding Plus	Not Covered	\$ 0.00
RVNA Administration Charge		\$ 0.00
3. Directors & Officers Liability Plus	Not Covered	\$ 0.00
RVNA Administration Charge		\$ 0.00
4. Accident Medical Plus	\$10,000	\$ 73.00
RVNA Administration Charge		\$ 25.00
5. Property Plus	Not Covered	\$ 0.00
RVNA Administration Charge		\$ 0.00
RVNA Loss Payee Charge		\$ 0.00
State Guarantee Fund/State Charges		\$ 0.00
TOTAL		\$ 253.00

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.
- Unless otherwise disclosed in your quotation letter, our professional fees are normally based upon a commission, which is calculated by applying a percentage against the collected premium and paid to us by an insurance company. Additionally, RVNA may receive compensation from an insurance company which is based upon premium volume, growth and loss experience. After you have reviewed your quotation letter, you have no obligation to purchase insurance from us. Should you ultimately choose to do so, you are agreeing to all of the charges displayed within your quotation letter.
- Licensing information available upon request.
- Policy is underwritten by an A+ rated insurance carrier.

DOXA PROGRAMS, LLC
R.V. NUCCIO & ASSOCIATES INSURANCE BROKERS
COMPENSATION DISCLOSURE AND AGREEMENT FORM

ADMINISTRATIVE FEE PAYABLE BY CLIENT: \$ 110.00

DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers is charging a non-negotiable, fixed administrative fee in addition to any premium charged (which may also include a commission paid by the insuring company). By and through this administrative fee, Client has 24-hour/7-day access to self-service online portal, which includes access to the insurance policy, all endorsements and other documents; the ability to create, print and to forward unlimited Certificates of Insurance; and the ability to add and/or amend unlimited Additional Insured Certificates of Insurance and/or endorsements, as needed. In addition, the Client also has the opportunity to renew the policy online 24/7 when the office is unattended.

COMMISSION PAYABLE BY INSURANCE COMPANY: \$ 0.00

DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers may also receive additional commissions from the insurance carrier, some based upon a percentage of the premium at the point of sale (displayed above), and some at a future date after the close of the production year. The commissions which may be paid at some time in the future, are in the form of future incentive compensation from the insurer, including contingent commissions and other awards and/or bonuses based upon factors that typically include the total sales volume, growth, profitability and retention of business placed by the insurance broker/producer with the insurer. Incentive compensation is never guaranteed, and is only paid if the performance criteria established in the Broker/Insurer Agreement is met by the insurance broker/producer of the business entity with which the insurance broker/producer is affiliated.

YOU ARE UNDER NO OBLIGATION TO PURCHASE THIS INSURANCE PRODUCT. BY SIGNING THIS COMPENSATION DISCLOSURE FORM AND AGREEMENT, YOU ARE AGREEING TO THE FOREGOING COMPENSATION STRUCTURE.

In the event of policy cancellation, the above administrative fee, payable by the client, will not be considered in any calculation assessing unearned or return premium.

DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers does not have any ownership interest and is not under common control with the person or entity providing the compensation (the insurer). DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers is not aware that any other person or entity will receive compensation from the insurer for assisting in this transaction.

Client Signature

Date

7/7/2024

Note:

DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers insurance producer's license number in Missouri is 3002837065.