

# SIMPSON COUNTY SCHOOLS

## BOOSTER GROUP OFFICER INFORMATION

Year: 2024-2025 FEIN# 88 - 4397420

Please fill in the name, address and phone number of all newly elected or returning officers of your booster group. Please send this information as soon as your officers have been elected, deadline for having this information to the school principal is September 1st or within the first thirty days of the first transaction of the organization. You should keep a copy for the Booster Group records as well.

Name of Group Franklin Simpson Girl's Basketball

Name of School and Principal Michael Wix

School Address 4005 College St. Franklin, KY 42134

Name of Organization FS Ladycats Basketball Boosters

Organization President Shatana King

Address \_\_\_\_\_

Phone (270) 776-4146 E-mail \_\_\_\_\_

Name of Vice President Stephanie Dawney

Address 3676 Turnertown Rd Franklin, Ky 42134

Phone (757) 513-9545 E-mail pacesetterVA@yahoo.com

Name of Secretary Erica Harris

Address 601 Pelham St Franklin Ky 42134

Phone (270) 792-9417 E-mail \_\_\_\_\_

Name of Treasurer Jacob Dean

Address 1312 Miller Pond Rd

Phone (931) 342-2943 E-mail jbd dean 33@icloud.com

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

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

# SIMPSON COUNTY SCHOOLS

## ANNUAL FINANCIAL REPORT - BOOSTER CLUBS

MUST BE SUBMITTED TO CENTRAL OFFICE BY JULY 25TH

School	FSHS + FSMS	Year	23-24
Organization Name	FS Girls Basketball	Date	7/1/24
Organization Address	PO Box 207 Franklin, KY 42135-0207		

Beginning Cash Balance

\$ 17,682.56

Revenues (By Category):

Admissions

\$ \_\_\_\_\_

Concessions

\$ 16,553.77

Items for Resale

\$ \_\_\_\_\_

Other:

Fundraising \_\_\_\_\_

\$ 20,154.50

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Revenue:

\$ 36,708.27

Expenses (By Category):

Misc.  
~~Admissions~~

\$ 2,117.81

Concessions

\$ 11,213.15

Banquet + events  
~~Items for Resale~~

\$ 4,886.88

Other:

Camps + Tour. \_\_\_\_\_

\$ 6,811.68

Gear + Equip. \_\_\_\_\_

\$ 10,140.15

Team Food + events \_\_\_\_\_

\$ 3,123.60

Total Expenses:

\$ 38,293.27

Ending Cash Balance

\$ 16,097.56

  
\_\_\_\_\_  
Organization Treasurer

  
\_\_\_\_\_  
Organization President

# SIMPSON COUNTY SCHOOLS

## SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	FSHS + FSMS	Year 24-25
Organization Name	Ladycats Basketball Boosters	
Organization Address	PO Box 207, Franklin, KY 42135	

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance	16,097.56	
Liability Ins.		155.00
PO Box		96.00
Huddle		500.00
Gear + Supplies		15,000.00
Camps + Tourn.		7,000.00
Banquet, 8 <sup>th</sup> + Senior nights		6,000.00
Team Food + events		5,000.00
Concessions		12,000.00
Misc.		2,000.00
Concessions	18,000.00	
Sign sales	3,000.00	
GW Funding + fundraisers	20,000.00	
Tournaments	1,000.00	
<b>Totals</b>	<b>58,097.56</b>	<b>42,751</b>

  
 \_\_\_\_\_  
 Organization Treasurer

  
 \_\_\_\_\_  
 Organization President

\_\_\_\_\_  
 Principal

\_\_\_\_\_  
 Date



FSHS Girls Basketball Boosters  
PO BOX 207  
Franklin , KY 42134

## Specialty Insurance Products

Insurance Policy Number: NANPO0064548

**Tel.** (800) 364-2433

**Email** [support@rvnuccio.com](mailto:support@rvnuccio.com)

**Online** [rvnuccio.com](http://rvnuccio.com)

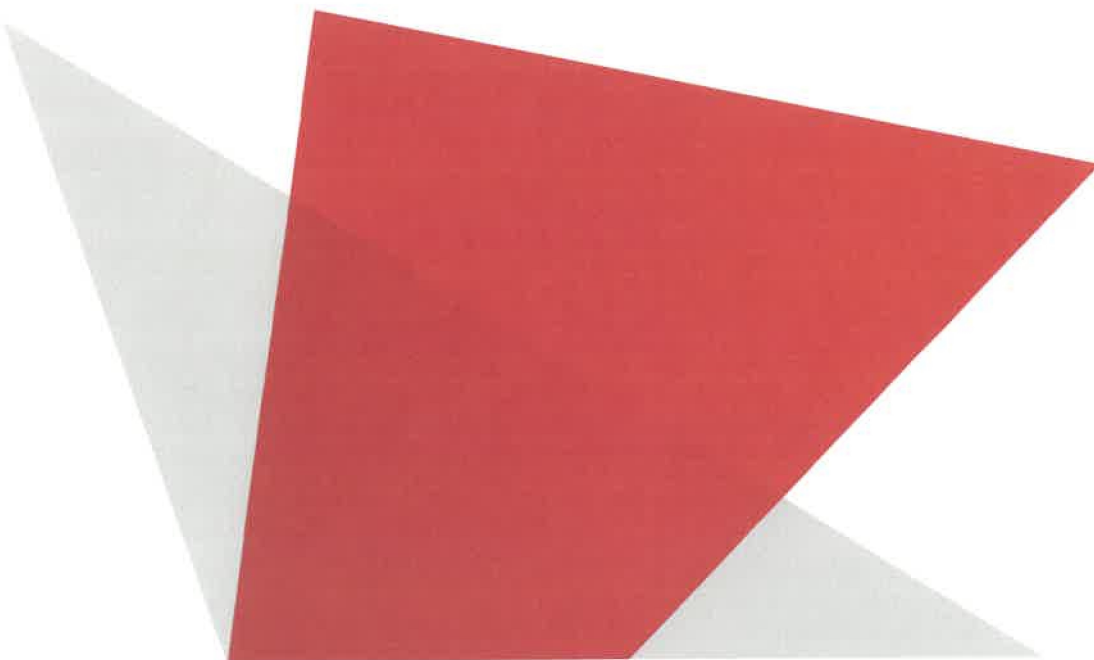
**Office** 10148 Riverside Drive  
Toluca Lake, CA 91602

# 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)  
5/30/2024

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 certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	<b>CONTACT NAME:</b> Robert V. Nuccio <b>PHONE (A/C, No, Ext):</b> (800) 364-2433 <b>FAX (A/C, No):</b> (818) 980-1595 <b>E-MAIL ADDRESS:</b> support@rvnuccio.com														
<b>INSURED</b> FSHS Girls Basketball Boosters PO BOX 207 Franklin, KY 42134	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER B: Axis Insurance Company</td> <td>37273</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Fireman's Fund Insurance Company	21873	INSURER B: Axis Insurance Company	37273	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			UST021067230 NANPO0064548	6/27/2024	6/27/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MEDICAL EXPENSE \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Sexual Misconduct Liability			NANPO0064548	6/27/2024	6/27/2025	Included

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

Evidence of Insurance Only

**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

Robert V. Nuccio



**Applicant Information**

**Contact Person**

First Name Shelly  
 Last Name McAlister  
 Contact Phone Number 2708505858  
 Contact Email

**School Information**

School Name Franklin Simpson High School  
 School Address 400 South College Street  
 School City Franklin  
 School State KY  
 School Zip Code 42134

**Organization Information**

School Support Group Type Booster Club  
 Full Legal School Support Group Name FSHS Girls Basketball Boosters  
 Is the applicant's mailing address the same as the address indicated above? No  
 Mailing Address Street PO BOX 207  
 Mailing Address City Franklin  
 Mailing Address State KY  
 Mailing Address Zip Code 42134  
 Website/Facebook/Instagram (If Any)

**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 30000

**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 No, I do not want to purchase this coverage.  
 Property Plus No, I do not want to purchase this coverage.

**When would you like coverage to begin?**

Policy Effective Date 6/27/2024

**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, Inc. 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, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance. Yes

Name Shelly McAlister  
Date Signed 05/30/2024  
Memorandum Number NANPO0064548  
Memorandum Number D&O  
Memorandum Number AD&D  
Expiration Date 6/27/2025

### 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.

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION  
COMMERCIAL PACKAGE INSURANCE POLICY**

**MEMORANDUM OF INSURANCE**

Master Policy Number: UST021067230	Memorandum Number: NANPO0064548
Issuing Company: <b>Fireman's Fund Insurance Company</b> 225 W. Washington Street, Suite 1900 Chicago, IL 60606 Nationwide Claims: 1-888-347-3428	National Program Administrator: <b>R.V. Nuccio &amp; Associates Insurance Brokers, Inc.</b> 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685

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

- a. Memorandum Holder: FSHS Girls Basketball Boosters
- b. Street Address: PO BOX 207
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42134

**02. COVERAGE PERIOD**

Inception Date 6/27/2024 12:01A.M. to Expiration Date 6/27/2025 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
<b>a. INLAND MARINE PROPERTY COVERAGE PART</b>		\$0.00
Business Personal Property/Equipment	Not Covered	
<b>b. INLAND MARINE CRIME COVERAGE PART</b>		\$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
<b>c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART</b>		\$45.00
(01)General Aggregate	\$2,000,000	\$0
(02)Products/Completed Operations Aggregate	\$2,000,000	
(03)Personal And Advertising Injury	\$1,000,000	
(04)Each Occurrence	\$1,000,000	
(05)Damage To Premises Rented To You	\$100,000	
(06)Medical Expense	\$5,000	
(07)Non-Owned And Hired Automobiles	Not Covered	

State Guarantee Fund \_\_\_\_\_ \$0.00

**05. TOTAL PREMIUM Due At Inception** \_\_\_\_\_ \$45.00

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

Date Issued:  
Form Number:NPOUWS001

By Robert V. Nuccio  
Robert V. Nuccio