

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: 23/24	FEIN#	56 -2547577
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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 Franklin-Simpson Soccer Booster Club, Inc.

Name of School and Principal FSHS - Mr. Wix & FSMS - Mr. Grover
School Address 400 S College St

Name of Organization Franklin-Simpson Soccer Booster Club, Inc.

Organization President Heather Hawkins
Address 102 Roberts Road, Franklin, KY 42134
Phone () 270-779-9601 E-mail heathernicole9@gmail.com

Name of Vice President Joanna Drake
Address 206 Wilson Way, Franklin, KY 42134
Phone () 270-935-8807 E-mail joanna.drake@simpson.kyschools.us

Name of Secretary Amanda Wilkins
Address 126 Elmer Cook Rd, Franklin, KY 42134
Phone () 270-850-8670 E-mail ashigdon@gmail.com

Name of Treasurer Amy Jordan
Address 4529 Johns Loop Rd, Franklin, KY 42134
Phone () 270-776-5550 E-mail amy.jordan0795@gmail.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	Franklin-Simpson High School	Year	22/23
Organization Name	Franklin-Simpson Soccer Booster Club, Inc.	Date	7/9/24
Organization Address	PO Box 527, Franklin KY 42135		

Beginning Cash Balance

\$ 14,114.71

Revenues (By Category):

Admissions \$ 4,506.50

Concessions \$ 5,458.37

Items for Resale (Clothing) \$ 696.00

Other:

Bundt Cake Fundraiser \$ 7,381.00

Signs \$ 2,050.00

Other \$ 1,153.26

Total Revenue:

\$ 21,245.13

Expenses (By Category):

Admissions (Tournament fees) \$ 421.63

Concessions \$ 2,551.33

Items for Resale \$ -----

Other:

Bundt Cake Fundraiser 5,275.00

Signs \$ 950.00

Other \$ 10,474.16

Total Expenses:

\$ 19,672.12

Ending Cash Balance

\$ 15,687.72



Organization Treasurer

Organization President

SIMPSON COUNTY SCHOOLS

SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	Franklin-Simpson High School	Year 23/24
Organization Name	Franklin-Simpson Soccer Booster Club, Inc.	
Organization Address	PO Box 527, Franklin KY 42135	

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance	15,687.72	
Admissions	1,600.00	400.00
Concessions	5,000.00	2,000.00
Clothing	700.00	
Bundt Cakes	7,350.00	5,250.00
Camp	700.00	
Signs	6,000.00	1,300.00
Other	3,650.00	11,000.00
Totals	40,687.72	19,950.00

Amy Jordan
Organization Treasurer

Principal

Organization President

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/9/2024

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).

PRODUCER DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Joseph Guerrero PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595 E-MAIL ADDRESS: support@rvnuccio.com <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : Fireman's Fund Insurance Company</td> <td style="border: none;">21873</td> </tr> <tr> <td style="border: none;">INSURER B : Axis Insurance Company</td> <td style="border: none;">37273</td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></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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INSURED FRANKLIN-SIMPSON BOYS SOCCER BOOSTER CLUB PO BOX 527 FRANKLIN , KY 42135															

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	GENERAL LIABILITY			UST021067230	8/16/2024	8/16/2025	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			NANPO0064962			DAMAGE TO RENTED PREMISES \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MEDICAL EXPENSE \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT \$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person) \$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
A	Directors and Officers			NPODO0073158	8/16/2024	8/16/2025	\$1,000,000	
B	AD&D Medical Plus			NPOAM0048890	8/16/2024	8/16/2025	\$10,000	
A	Sexual Misconduct Liability			NANPO0064962	8/16/2024	8/16/2025	Included	

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

Evidence of Insurance Only

CERTIFICATE HOLDER Evidence of Insurance Only	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Joseph Guerrero
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