

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: <u>25-26</u>	FEIN# <u>30 - 0149090</u>
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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 Fs Ladycats Softball Boosters

Name of School and Principal _____

School Address _____

Name of Organization F-S Lady Cats Softball Boosters

Organization President Caitlin Caranah

Address 358 Rufus Dism Rd Franklin KY 42134

Phone (770) 776-4564 E-mail Caitlin Caranah@simpson.kyschools.us

Name of Vice President Derek Smith

Address 425 Filter Plant Rd Franklin KY 42134

Phone (615) 812-1749 E-mail Derek-Smith@kindermorgan.com

Name of Secretary Amber Anderson

Address 4603 Chandlers Rd Auburn KY 42206

Phone (270) 306-9562 E-mail Amber-anderson@fbtco.com

Name of Treasurer Casey Gammans

Address 852 Charlie Butts Rd Franklin KY 42134

Phone (770) 776-4160 E-mail gammans17@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. ****

2025/2026 Softball Budget

Income

Admissions	\$	3,200.00
Concessions	\$	14,000.00
Raise 365	\$	9,200.00
Signs	\$	16,000.00
Elpo Cards	\$	5,250.00
Misc Donations	\$	2,000.00
	\$	49,650.00

Expenses

Team Jackets	\$	2,000.00
Cleats metal	\$	2,000.00
Cleats molded	\$	1,900.00
Team gear	\$	2,000.00
socks stirrups	\$	600.00
replacement pants	\$	650.00
equipment	\$	2,000.00
Training	\$	1,000.00
Screens/training tools ect	\$	3,000.00
Field/Facility	\$	2,500.00
umpires	\$	5,000.00
Tournaments/Florida trip	\$	10,000.00
meals/team events/Banquet	\$	5,000.00
taxes/postage/flowers	\$	1,000.00
senior night	\$	1,000.00
MS uniforms/banquet ect	\$	3,000.00
Coaches	\$	5,000.00
miscellaneous	\$	2,000.00
	\$	49,650.00

SIMPSON COUNTY SCHOOLS

ANNUAL FINANCIAL REPORT - BOOSTER CLUBS

MUST BE SUBMITTED TO CENTRAL OFFICE BY JULY 25TH

School	FSHS	Year	24/25
Organization Name	Franklin Simpson Lady Cats	Date	
Organization Address			

Beginning Cash Balance \$ 7,915.74

Revenues (By Category):

Admissions \$ 3193.72
 Concessions \$ 13,875.54
~~Items for Resale~~ Raise 365 \$ 9,208.02

Other:

Signs \$ 14,606.00
Elpo Cards \$ 5094.00
Misc donations \$ 12,717.58

Total Revenue:

\$ 58,694.86

Expenses (By Category):

Field & facility \$ 2490.67
~~Admissions~~
 Concessions \$ 7432.32
Equip, training, tourn. umpires \$ 9339.64
~~Items for Resale~~

Other:

Banquet, meals, signs, taxes \$ 5775.48
Clothing/uniforms \$ 18,405.03
Other, misc \$ 2497.78

Total Expenses:

\$ 45,940.92

Ending Cash Balance

\$ 20,669.68

Organization Treasurer

Organization President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/27/2024

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 E-MAIL ADDRESS: support@rvnuccio.com FAX (A/C, No): (818) 980-1595																					
INSURED Ladycats Softball Boosters P.O. Box 701 Franklin, KY 42135	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Fireman's Fund Insurance Company</td><td>21873</td></tr><tr><td>INSURER B:</td><td>Axis Insurance Company</td><td>37273</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></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	GENERAL LIABILITY			UST021067230 NANPO0065807	8/28/2024	8/28/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES \$ 100,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MEDICAL EXPENSE \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	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			NPODO0074052	8/28/2024	8/28/2025	\$1,000,000
B	AD&D Medical Plus			NPOAM0049385	8/28/2024	8/28/2025	\$50,000
A	Sexual Misconduct Liability			NANPO0065807	8/28/2024	8/28/2025	\$1,000,000/\$1,000,000

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

Joseph Guerrero

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