Franklin Simpson High School Cheer Boosters

2026 – 2027

President:
Samantha Duncan
417 West Cedar St
Franklin, KY 42134
270-991-0771
samanthaduncan@live.com

Vice President:
Kayla Akins
3300 Rapids Rd
Franklin, KY 42134
270-776-1000
Kayla.herrington@gmail.com

Secretary:
LeAnna King
120 St George Way
Franklin, KY 42134
270-799-0741
Leanna.King535@yahoo.com

Treasurer:
Darby Carter
515 Carter Rd
Franklin, KY 42134
270-776-6255
darbycarter@gmail.com

Co-Treasurer:
Jennifer Murray
1007 Dogwood Dr
Franklin, KY 42134
270-306-9191
Jennmurray79@yahoo.com

Franklin Simpson High School Cheer Booster
2026-2027

Beginning Balance 7/1/26 - $47314.24

Fundraisers		**Expenses**	
Cheer Clinics	1500	Choreography	5000
Tshirt Sales	2500	Signs	1200
Tattoo Sales	1200	Homecoming Exp	350
KY Downs	1500	Gifts	400
GN Funding	15000	Shoes	1650
Sponsor Banner	21000	Meals	400
Uncle Charlies	2000	Banquet	700
Car Washes	800	Insurance	235
Food Trucks	1000	Regionals / State	2000
Spirit Nights	1500	Poms	400
Little League Cheer	3500	Nationals	38000
		Tax Prep	300
		PO Box	100
Total	**51500**	**Total**	**50735**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/13/2026

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

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 :	

INSURED

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

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**	✓		UST021067250	8/8/2026	8/8/2027	EACH OCCURRENCE	$ 1,000,000
	✓ COMMERCIAL GENERAL LIABILITY			NANPO0075052			DAMAGE TO RENTED PREMISES	$ 100,000
	CLAIMS-MADE ✓ OCCUR						MEDICAL EXPENSE	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	✓ POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	AD&D Medical Plus			NPOAM0054665	8/8/2026	8/8/2027		$10,000
A	Sexual Misconduct Liability			NANPO0075052	8/8/2026	8/8/2027		$1,000,000/$1,000,000

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

Additional Insured: / Sexual Misconduct Liability included. Event Description: All school activities Start Date: 08/08/2026 End Date: 08/07/2027

CERTIFICATE HOLDER

Franklin Simpson High School
400 South College Street
Franklin , KY 42134

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

POLICY NUMBER: UST021067250
EFFECTIVE DATES: 8/8/2026 to 8/8/2027
CERTIFICATE NUMBER: NANPO0075052

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

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)
Franklin Simpson High School 400 South College Street 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.