

FSQB Club

Profit and Loss

July 1, 2025-June 30, 2026

	TOTAL
Income	
Advertising	24,556.27
Coach Income	
Discount Cards	7,179.00
Money Dolly	14,226.20
Total for Coach Income	\$21,405.20
Concessions	49,917.33
Donations	8,380.00
Football Merchandise	5,178.51
Fundraiser income	10,783.66
Howl at the Moon Income	210.00
Little League Income	12,175.41
Memberships	2,890.00
Total for Income	\$135,496.38
Gross Profit	\$135,496.38
Expenses	
Advertising/Promotional	4,692.52
Awards	4,005.99
Bank Charges & Fees	1,067.37
Banquet Expense	2,072.20
Baseball Facility Payment	2,490.00
Concession Food & Drink	23,059.69
Entertainment	5,333.08
Fieldhouse Maint/Utilities	3,134.52
FSMS Expense	7,538.25
Fundraising Expense	3,245.24
Howl at the Moon	30.72
HS Coach Expense	4,877.02
Insurance	1,015.22
Legal & Professional Services	15.00
Little League Expense	7,038.07
Merchandise	38,429.81
Middle School Expense	756.03
Operations	2,092.42
Player Meals	22,560.75
Repairs & Maintenance	75.14
Sympathy Flowers	68.90
Taxes & Licenses	650.00
Travel	13,430.32
Total for Expenses	\$147,678.26
Net Operating Income	-\$12,181.88

FSQB Club

Profit and Loss

July 1, 2025-June 30, 2026

		TOTAL
Other Expenses		
Other Miscellaneous Expense		135.00
Total for Other Expenses		\$135.00
Net Other Income		-\$135.00
Net Income		-\$12,316.88

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Net Income	-\$12,316.88



PO Box 819
Appleton, WI 54912-0819
(920) 739-3161

SECURA Insurance Company
COMMERCIAL PROTECTION POLICY
Common Policy
RENEWAL DECLARATIONS

POLICY NO. 20-CP-003243942-15
RENEWAL OF 20-CP-003243942-14

ACCOUNT NUMBER: 7321009
NAMED INSURED AND MAILING ADDRESS

F-S QUARTERBACK CLUB INC
ATTN: SCOTT FOWLER
1043 LOVING CHAPEL RD
FRANKLIN, KY 42134

AGENCY AND MAILING ADDRESS 160088

CHAS M MOORE INS AGCY
942 SEARCY WAY
PO BOX 7500
BOWLING GREEN, KY 42102

(270) 843-9054

POLICY PERIOD: FROM 10/01/2025 TO 10/01/2026 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS: Corporation

BUSINESS DESCRIPTION: Athletic Leagues or Tournaments - Grade 3

PROGRAM: Sports and Recreation

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT

	PREMIUM
COMMERCIAL PROPERTY	\$ Not Covered
COMMERCIAL GENERAL LIABILITY	\$ 920
COMMERCIAL CRIME AND FIDELITY	\$ Not Covered
COMMERCIAL INLAND MARINE	\$ Not Covered
EMPLOYMENT PRACTICES LIABILITY	\$ Not Covered
CYBER SECURITY	\$ Not Covered
ESTIMATED POLICY PREMIUM	\$ 920
KY LOCAL GOVERNMENT PREMIUM CITY TAX	\$ 82.80
KY LOCAL GOVERNMENT PREMIUM CITY TAX COLLECTION FEE	\$ 12.42
ESTIMATED POLICY TOTAL	\$ 1,015.22

SECURA Insurance Company
COMMERCIAL PROTECTION POLICY
Common Policy
RENEWAL DECLARATIONS

POLICY NO. 20-CP-003243942-15
INSURED: F-S QUARTERBACK CLUB INC

EFFECTIVE DATE: 10/01/2025
AGENCY: CHAS M MOORE INS AGCY`

This is not a bill - Invoice to follow.

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



PO Box 819
Appleton, WI 54912-0819
(920) 739-3161

SECURA Insurance Company
COMMERCIAL PROTECTION POLICY
Commercial General Liability Coverage Part
RENEWAL DECLARATIONS

POLICY NO. 20-CP-003243942-15

RENEWAL OF 20-CP-003243942-14

ACCOUNT NUMBER: 7321009

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F-S QUARTERBACK CLUB INC
ATTN: SCOTT FOWLER
1043 LOVING CHAPEL RD
FRANKLIN, KY 42134

AGENCY AND MAILING ADDRESS

160088

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PO BOX 7500
BOWLING GREEN, KY 42102

(270) 843-9054

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IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT	\$2,000,000	
PRODUCTS – COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000	
PERSONAL INJURY & ADVERTISING INJURY LIMIT	\$1,000,000	
EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	EXCLUDED	ANY ONE PERSON

ALL PREMISES YOU OWN, RENT OR OCCUPY:

LOC	ADDRESS
1	400 S College St, Franklin, KY 42134

SECURA Insurance Company
COMMERCIAL PROTECTION POLICY
Commercial General Liability Coverage Part
RENEWAL DECLARATIONS

POLICY NO. 20-CP-003243942-15
INSURED: F-S QUARTERBACK CLUB INC

EFFECTIVE DATE: 10/01/2025
AGENCY: CHAS M MOORE INS AGCY

STATE: KY

CLASSIFICATION							
LOC	CLASSIFICATION	CODE	PREMIUM BASIS	EXPOSURE	PMS RATE	PDTS RATE	OTHER RATE
1	Concessionaires	11168	Gross Sales	13,583	23.661	Included	
1	Athletic Leagues, Teams, or Tournaments - Grade 3	20008	Each	40	7.987	Included	
1	Exhibitions - in buildings - no admission charge (Not-For-Profit)	63220	Number of Exhibitions	2	45.75	Included	

SECURA Insurance Company
COMMERCIAL PROTECTION POLICY
Commercial General Liability Coverage Part
RENEWAL DECLARATIONS

POLICY NO. 20-CP-003243942-15
INSURED: F-S QUARTERBACK CLUB INC

EFFECTIVE DATE: 10/01/2025
AGENCY: CHAS M MOORE INS AGCY

POLICY OPTIONAL COVERAGES		
COVERAGE	LIMIT	FORM
Hired Auto and Non-Owned Liability	View Form	CGE 0404
Employment- Related Practices Exclusion	View Form	CG2147
Amendment Of Insured Contract Definition	View Form	CG2426
Limitation Of Coverage To Designated Premises Or Project	View Form	CG2144
Exclusion Fungi or Bacteria	View Form	CG2167
Communicable Disease Exclusion	View Form	CG2132
Additional Insured - Managers Or Lessors Of Premises	View Form	CG2011
Exclusion - Unmanned Aircraft	View Form	CG2109
Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)	View Form	CG4032
Exclusion - Participants Of Scheduled Contests, Exhibitions, Or Events	View Form	ILE 4003
Exclusion - Liquor Liability	View Form	SGE 2103
Exclusion - Amusement Devices	View Form	SGE 2106
Limitation Of Coverage - Athletic Fighting	View Form	SGE 2204
Exclusion - Massage Activities	View Form	SGE 2203
Exclusion - Fireworks	View Form	SGE 2105
Exclusion - Trampolines	View Form	SGE 2107
Excess Provision	View Form	SGE 2401
Exclusion - Skin Damage	View Form	SGE 2135
Exclusion - Specified Sports and Stunts	View Form	SGE 2108
Exclusion - Snowmobiles And Recreational Vehicles	View Form	SGE 2134
Abuse Or Molestation Exclusion	View Form	CG2146
Exclusion - Coverage C - Medical Payments	View Form	CG2135
Exclusion-Tanning	View Form	ILE 0689

SECURA Insurance Company
COMMERCIAL PROTECTION POLICY
Commercial General Liability Coverage Part
RENEWAL DECLARATIONS

POLICY NO. 20-CP-003243942-15
INSURED: F-S QUARTERBACK CLUB INC

EFFECTIVE DATE: 10/01/2025
AGENCY: CHAS M MOORE INS AGCY

TERRORISM COVERAGE IS **ACCEPTED**

ANNUAL CHARGE IS \$

3

PREMIUM			
	COMMERCIAL GENERAL LIABILITY ADVANCE PREMIUM	\$	920
	KY LOCAL GOVERNMENT PREMIUM CITY TAX	\$	82.80
	KY LOCAL GOVERNMENT PREMIUM CITY TAX COLLECTION FEE	\$	12.42
	COMMERCIAL GENERAL LIABILITY ADVANCE TOTAL	\$	1,015.22

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You): 400 S College St, Franklin, KY 42134
Name Of Person(s) Or Organization(s) (Additional Insured): Franklin-Simpson Board of Education
Additional Premium: \$ 30
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. 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 you or those acting on your behalf in connection with the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You): 400 S College St, Franklin, KY 42134
Name Of Person(s) Or Organization(s) (Additional Insured): Franklin-Simpson Parks Board
Additional Premium: \$ 30
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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