FSHS Volleyball Board Members 26-27

Name	Position
Jennifer Grace	President
Erin Stanley	Vice President
Kodi Drye	Treasurer
Natalie McCutchen	Secretary
Jamie Pennington	Coach
Mackenzie Tobin	Assistant Coach

FRANKLIN SIMPSON VOLLEYBALL BOOSTER CLUB 26-27	RECEIPTS	EXPENDITURES
CONCESSIONS		$4,000.00
FUNDRAISERS		$3,000.00
TOURNAMENTS		$3,000.00
SPECIAL NIGHTS/BANQUETS		$5,000.00
LEGAL FEES/INSURANCE		$400.00
ASST COACHES SALARY		$1,000.00
EQUIPMENT/CLOTHING		$7,000.00
VOLLEYBALL CAMP/PLAYDAYS		$4,000.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/17/2026

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	CONTACT NAME: Joseph Guerrero	
DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers 10148 Riverside Drive Toluca Lake, CA 91602	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
INSURED Franklin Simpson Volleyball 74 Kenny Perry Drive Franklin , KY 42134	INSURER B : Axis Insurance Company	37273
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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	7/22/2026	7/22/2027	EACH OCCURRENCE	$ 1,000,000
	✔ COMMERCIAL GENERAL LIABILITY			NANPO0075134			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	$
A	Sexual Misconduct Liability			NANPO0075134	7/22/2026	7/22/2027		$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

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

RVNA

Applicant Information

Contact Person	
First Name	Kodi
Last Name	Drye
Contact Phone Number	2707849379
Contact Email	
School Information	
School Name	Franklin Simpson High School
School Address	400 S College St
School City	Franklin
School State	KY
School Zip Code	42135
Organization Information	
School Support Group Type	Booster Club
Full Legal School Support Group Name	Franklin Simpson Volleyball
Is the applicant's mailing address the same as the address indicated above?	No
Mailing Address Street	74 Kenny Perry Drive
Mailing Address City	Franklin
Mailing Address State	KY
Mailing Address Zip Code	42134
Website/Facebook/Instagram (If Any)	
Organization Activity	
Is your group's primary purpose to fundraise for and/or organize a grad night or after prom event?	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/scrips/online sales	0
Bingo	0
Other Fund Raising Activities	3000

Coverages

Liability Plus	$1,000,000/$2,000,000
Damage to Premises Rented Limit	$100,000
$1,000,000 Hired & Non-Owned Auto Liability	Not Selected
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	7/22/2026
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

RVNA®

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 by signing this application, R.V. Nuccio & Associates 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	Kodi Drye
Date Signed	07/17/2026
Memorandum Number	NANPO0075134
Memorandum Number D&O	
Memorandum Number AD&D	
Expiration Date	7/22/2027

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: UST021067250

Memorandum Number: NANPO0075134

Issuing Company:
Fireman's Fund Insurance Company
225 W. Washington Street, Suite 1900
Chicago, IL 60606
Nationwide Claims: 1-888-347-3428

National Program Administrator:
DOXA Programs, LLC DBA
R.V. Nuccio & Associates Insurance Brokers
10148 Riverside Drive,
Toluca Lake, CA 91602

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

a. Memorandum Holder: Franklin Simpson Volleyball
b. Street Address: 74 Kenny Perry Drive
c. City: Franklin
d. State: KY
e. Zip Code: 42134

02. **COVERAGE PERIOD**

Inception Date 7/22/2026 12:01A.M. to Expiration Date 7/22/2027 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
a. INLAND MARINE PROPERTY COVERAGE PART			$0.00
Business Personal Property/Equipment	Not Covered	Not Covered	
b. INLAND MARINE CRIME COVERAGE PART			$0.00
(01)Employee Dishonesty	Not Covered	Not Covered	
(02)Forgery Or Alteration	Not Covered	Not Covered	
(03)Theft, Disappearance And Destruction Of Money			
(a)Inside The Premises	Not Covered	Not Covered	
(b)Outside The Premises	Not Covered	Not Covered	
c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART			$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 _____
Joseph Guerrero

3/20/2008
NPOUWS001

FINANCIAL REPORT

1/1/2025 TO 12/31/2025

Beginning Cash Balance			$22,895.27
Revenue			
	Regular Season & Tournament Concessions		$8,468.94
	Fundraiser Income: Popcorn	$1,248.00	
	Online Auction	$924.00	
	Signs		$400.00
	Tournament Income:		
$6,400.00			
	Total		$17,440.94

Expenses

	Volleyball Camp/ Playday		
$2,820.00			
	Season & Tournament Concession		$4,516.95
	Clothing Apparel		
$1,513.36			
	Equipment	$731.68	
	Tournament Clean Up/Help		$820.32
	Insurance/ SOS/Checks		$238.05
	Banquet Costs	$2,780.11	
	Special Nights (8th grade, Pink Out, First Responder, Senior Night, etc)		$683.52
	Feeding Team		
$392.25			
	Pictures	$750.00	
	Fundraiser (popcorn)		
$624.00			
	Fundraiser (signs)		$45.00
	Total		$15,915.24

Ending Cash Balance:
$24,420.97