



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/22/2015

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).

<b>PRODUCER</b> R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	<b>CONTACT NAME:</b> Robert V. Nuccio <b>PHONE (A/C, No, Ext):</b> (800) 364-2433 <b>E-MAIL ADDRESS:</b> support@rvnuccio.com	<b>FAX (A/C, No):</b> (818) 980-1595
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Lockeland Elementary PTO 105 S. 17th Street Nashville, TN 37206	<b>INSURER A:</b> Fireman's Fund Insurance Company	<b>NAIC #</b> 21873
	<b>INSURER B:</b> Nationwide Life Insurance Company	<b>NAIC #</b> 66869
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			XPK80963012 NANPO0029400	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers			NPODO0032946	10/1/2015	10/1/2016	\$1,000,000
B	AD&D Medical Plus			NPOAM0027733	10/1/2015	10/1/2016	\$25,000

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>CERTIFICATE HOLDER</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Robert V. Nuccio

© 1988-2010 ACORD CORPORATION. All rights reserved.

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION  
COMMERCIAL PACKAGE INSURANCE POLICY**

**MEMORANDUM OF INSURANCE**

Master Policy Number: XPK80963012	Memorandum Number: NANPO0029400
Issuing Company: <b>Fireman's Fund Insurance Company</b> 777 San Marin Drive Novato, California 94998-2000 Nationwide Claims: 1-800-567-2685	National Program Administrator: <b>R.V. Nuccio &amp; Associates Insurance Brokers, Inc.</b> 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685

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

- a. Memorandum Holder: Lockeland Elementary PTO
- b. Street Address: 105 S. 17th Street
- c. City: Nashville
- d. State: TN
- e. Zip Code: 37206

**02. COVERAGE PERIOD**

Inception Date 10/1/2015 12:01A.M. to Expiration Date 10/1/2016 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. <b>INLAND MARINE PROPERTY COVERAGE PART</b>			\$0.00
Business Personal Property/Equipment	Not Covered	Not Covered	
b. <b>INLAND MARINE CRIME COVERAGE PART</b>			\$0.00
(01)Employee Dishonesty	Not Covered	\$250	
(02)Forgery Or Alteration	Not Covered	\$250	
(03)Theft, Disappearance And Destruction Of Money			
(a)Inside The Premises	Not Covered	\$250	
(b)Outside The Premises	Not Covered	\$250	
c. <b>GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART</b>			\$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
<b>05. TOTAL PREMIUM Due At Inception</b>			<u>\$45.00</u>

**06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

Date Issued:  
Form Number:NPOUWS001

By Robert V. Nuccio  
Robert V. Nuccio

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION  
DIRECTORS & OFFICERS LIABILITY INSURANCE POLICY**

**MEMORANDUM OF INSURANCE**

Master Policy Number: XPK80963012	Memorandum Number: NPODO0032946
Issuing Company: <b>Fireman's Fund Insurance Company</b> 777 San Marin Drive Novato, California 94998-2000 Nationwide Claims: 1-800-567-2685	National Program Administrator: <b>R.V. Nuccio &amp; Associates Insurance Brokers, Inc.</b> 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685

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

- a. Memorandum Holder: Lockeland Elementary PTO
- b. Street Address: 105 S. 17th Street
- c. City: Nashville
- d. State: TN
- e. Zip Code: 37206

**02. COVERAGE PERIOD**

Inception Date 10/1/2015 12:01A.M. to Expiration Date 10/1/2016 12:01A.M. Standard Time at the Named Insured's address as stated above.

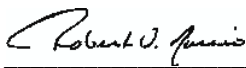
**03. BUSINESS TYPE**

PTA     PTO     Booster Club     Educational Foundation     Nonprofit Organization

04. COVERAGE	LIMIT OF INSURANCE	RETENTION	PREMIUM
a. <b>DIRECTORS &amp; OFFICERS LIABILITY</b>			\$24.75
01. Each Occurrence	\$1,000,000	\$250	
02. Annual Aggregate	\$1,000,000		
b. <b>EMPLOYMENT PRACTICES LIABILITY</b>	Covered	\$250	
		State Guarantee Fund	\$0.00
<b>05. TOTAL PREMIUM Due At Inception</b>			<u>\$24.75</u>

**06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

Date Issued: 09/22/2015  
Form Number:NPOUWS001

By  \_\_\_\_\_  
Robert V. Nuccio

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION  
ACCIDENT MEDICAL INSURANCE POLICY**

**MEMORANDUM OF INSURANCE**

---

Master Policy Number: XPK80963012	Memorandum Number: NPOAM0027733
Issuing Company: <b>Nationwide Life Insurance Company</b> 1 Nationwide Plaza Columbus, OH 43215 Nationwide Claims: 1-800-567-2685	National Program Administrator: <b>R.V. Nuccio &amp; Associates Insurance Brokers, Inc.</b> 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685

---

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

- a. Memorandum Holder: Lockeland Elementary PTO
  - b. Street Address: 105 S. 17th Street
  - c. City: Nashville
  - d. State: TN
  - e. Zip Code: 37206
- 

**02. COVERAGE PERIOD**

Inception Date 10/1/2015 12:01A.M. to Expiration Date 10/1/2016 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**

	<b>BENEFIT</b>	<b>DEDUCTIBLE</b>	<b>PREMIUM</b>
<b>ACCIDENT MEDICAL INSURANCE</b>			<b>\$81.00</b>
a. Accidental Death	\$5,000	\$25	
b. Accidental Dismemberment	\$5,000	\$25	
c. Accident Medical Expense	\$25,000	\$25	
d. Dental Maximum	\$5,000	\$25	

---

State Guarantee Fund                  \$0.00

**05. TOTAL PREMIUM Due At Inception**

              \$81.00

---

**06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

---

Date Issued:09/22/2015  
Form Number:NPOUWS001

By                       
Robert V. Nuccio

# RVNA<sup>®</sup>

## RV NUCCIO & ASSOCIATES INC.

### Applicant Information

School Support Group Type	PTO
School Support Group Name	Lockeland Elementary PTO
Website	<a href="http://lockelandpto.weebly.com">http://lockelandpto.weebly.com</a>
Total Annual Revenues/Receipts	60,000
Does your organization conduct its business from a school campus between the grades of K-12?	Yes
School Name	Lockeland Elementary
School Address	105 S. 17th Street
School City	Nashville
School State	TN
School Zip Code	37206
First Name	Lauren
Last Name	Brooks
Phone	615-585-3900
E-Mail Address	teambrooks102701@gmail.com

### Coverages

Effective Date	10/1/2015
Liability Plus	Yes
Bonding Plus	No, I do not want to purchase this coverage
I understand and agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period.	n/a
Directors and Officers Plus	Yes
Accident Medical Plus	Limit \$25,000
Property Plus	No, I do not want to purchase this coverage.
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
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 if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?	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, 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	Lauren Brooks
Accepted Date	9/22/2015
Memorandum Number	NANPO0029400
Memorandum Number D&O	NPODO0032946

# RVNA<sup>®</sup>



## RV NUCCIO & ASSOCIATES INC.

Memorandum Number AD&D  
Expiration Date

NPOAM0027733  
10/1/2016

Additional Insureds  
Number of Additional Insureds

0

---

**SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE**

---

**APPLICANT INFORMATION**

Applicant Name: Lockeland Elementary PTO Date: 09/22/2015  
 Proposed Coverage Dates: 10/1/2015 12:01AM to 10/1/2016 12:01AM Client ID#: 907966

<b>POLICY INFORMATION</b>	<b>LIMIT</b>	<b>COST</b>
<b>1. Liability Plus</b>	\$1,000,000/\$2,000,000	\$ 45.00
RVNA, Inc. Administration & Unlimited Additional Insured Charge		\$ 110.00
<b>2. Bonding Plus</b>	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
<b>3. Directors &amp; Officers Liability Plus</b>	\$1,000,000	\$ 24.75
RVNA, Inc. Administration Charge		\$ 25.25
<b>4. Accident Medical Plus</b>	\$25,000	\$ 81.00
RVNA, Inc. Administration Charge		\$ 25.00
<b>5. Property Plus</b>	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
RVNA, Inc. Loss Payee Charge		\$ 0.00
State Guarantee Fund		\$ 0.00
<b>TOTAL</b>		<b>\$ 311.00</b>

**If you wish to purchase this exclusive insurance product, please log in at**  
[www.rvnuccio.com](http://www.rvnuccio.com)

**NOTES**

- This is a quotation only. Prices are subject to change without notice.
- Quotation is subject to online completion of the application and underwriting approval.
- It is the insureds responsibility to read the policy. A Sample Policy is available online at [www.rvnuccio.com](http://www.rvnuccio.com).
- Licensing information available upon request.
- Policy is underwritten by an A+ rated insurance carrier.