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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). Propulse R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 Rowers A. Fireman's Fund Insurance Company 21873 Rowers B. E. Insurance Brokers Rowers A. Fireman's Fund Insurance Company 21873 Rowers A. Fireman's Fund Insurance Company 21873 Rowers B. Rowers A. Fireman's Fund Insurance Company 21873 Rowers B. Rowers A. Fireman's Fund Insurance Company 21873 Rowers B. Rowers A. Fireman's Fund Insurance Company 21873 Rowers B. Rowers B. Rowers A. Fireman's Fund Insurance Company 21873 Rowers B. Rowers B. Rowers B. Rowers B. Rowers B. Rowers B. Rowers Rowers B. Ro	CI Bi	ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS	IVEL' SURA	Y OF	R NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED B	у тн	E POLICIES
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Induktion Induktion Induktion Instruct Instruct COVERAGES CERTIFICATE NUMBER: This is to certify that the Policies of Insurance Listed below have been issued to the Insured name above for the Policity Period Diplication of Any Contract or Other Document with respect to which this security of the Policies Described Herein is Subject to all the terms, exclusions and continuous of subject to all the terms, isset to policy number Induction ADD_BUBRATE	10	5 S. 17th Street									
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SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION COMMERCIAL PACKAGE INSURANCE POLICY

MEMORANDUM OF INSURANCE

Master Policy Number: XPK80963012		Memora	andum Number: NANPO002	29400			
lssuing	g Company:	Nationa	National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602				
Firem	an's Fund Insurance Company	R.V. Ni					
777 Sa	an Marin Drive	10148 F					
Novatc	o, California 94998-2000	Toluca					
Nation	wide Claims: 1-800-567-2685	Nationv	vide: 1-800-567-2685				
01. M	IEMORANDUM HOLDER NAME AND ADDRE	SS (Memorandum Holder Mean	IS NAMED INSURED)				
a.	Memorandum Holder: Lockeland Elemer	tary PTO					
b.		•					
с.	City: Nashville						
d.							
e.	Zip Code: 37206						
	USINESS TYPE]PTA PTO Booster Clu	b Educational Found	lation Nonprofit Org	anization			
				ameanon			
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	INLAND MARINE PROPERTY COVERAGE	LIMIT OF INSURANCE		PREMIUM			
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06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: Form Number:NPOUWS001

By_____ Cobert U. Junio

Robert V. Nuccio

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

MEMORANDUM OF INSURANCE

Master Policy Number: XPK80963012	Memorandu	m Number: NPODO00	32946		
Issuing Company:	National Program Administrator:				
Fireman's Fund Insurance Company	R.V. Nuccio & Associates Insurance Brokers, Inc.				
777 San Marin Drive	10148 Rive	rside Drive			
Novato, California 94998-2000	Toluca Lake	e, CA 91602			
Nationwide Claims: 1-800-567-2685	Nationwide	: 1-800-567-2685			
01. MEMORANDUM HOLDER NAME AND ADDRESS	S (MEMORANDUM HOLDER MEANS NA	med Insured)			
a. Memorandum Holder: Lockeland Element					
b. Street Address: 105 S. 17th Street	-				
c. City: Nashville					
d. State: TN					
7. 0.1. 07000					
e. Zip Code: 37206					
 02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to Expira address as stated above. 03. BUSINESS TYPE 	ation Date 10/1/2016 12:01A.M	. Standard Time at the l	Named Insured's		
02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to Expira address as stated above.					
 02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to Expira address as stated above. 03. BUSINESS TYPE 					
 02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to Expira address as stated above. 03. BUSINESS TYPE □PTA PTO Booster Club 	b Educational Foundatio	on 🔲 Nonprofit Org	anization		
 02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to Expira address as stated above. 03. BUSINESS TYPE □PTA PTO Booster Club 04. COVERAGE 	b Educational Foundatio	on 🔲 Nonprofit Org	anization Premium		
 02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to Expira address as stated above. 03. BUSINESS TYPE □PTA □PTO □Booster Club 04. COVERAGE a. DIRECTORS & OFFICERS LIABILITY 	b Educational Foundatio	n Nonprofit Org RETENTION	anization Premi um		
 02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to Expira address as stated above. 03. BUSINESS TYPE □PTA PTO Booster Club 04. COVERAGE a. DIRECTORS & OFFICERS LIABILITY 01. Each Occurrence 	b Educational Foundatio LIMIT OF INSURANCE \$1,000,000	n Nonprofit Org RETENTION	anization PREMIUM		
 02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to Expira address as stated above. 03. BUSINESS TYPE □PTA □PTO □Booster Club 04. COVERAGE a. DIRECTORS & OFFICERS LIABILITY 01. Each Occurrence 02. Annual Aggregate 	b Educational Foundation LIMIT OF INSURANCE \$1,000,000 \$1,000,000 Covered	on Nonprofit Org RETENTION \$250	anization Premi um		
 02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to Expira address as stated above. 03. BUSINESS TYPE □PTA □PTO □Booster Club 04. COVERAGE a. DIRECTORS & OFFICERS LIABILITY 01. Each Occurrence 02. Annual Aggregate 	b Educational Foundation LIMIT OF INSURANCE \$1,000,000 \$1,000,000 Covered	n Nonprofit Org RETENTION \$250 \$250	anization PREMIUM \$24.75		

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

By Clobert U. Junio

Robert V. Nuccio

SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION ACCIDENT MEDICAL INSURANCE POLICY

MEMORANDUM OF INSURANCE

Master Policy Number: XPK80963012	Memorand	um Number: NPOAM00)27733			
Issuing Company:	National Pr	National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602				
Nationwide Life Insurance Company						
1 Nationwide Plaza	10148 Rive					
Columbus, OH 43215	Toluca Lak					
Nationwide Claims: 1-800-567-2685	Nationwide	e: 1-800-567-2685				
01. MEMORANDUM HOLDER NAME AND AD	DRESS (MEMORANDUM HOLDER MEANS NA	AMED INSURED)				
a. Memorandum Holder: Lockeland Ele	ementary PTO					
b. Street Address: 105 S. 17th S	Street					
c. City: Nashville						
d. State: TN						
e. Zip Code: 37206						
02. COVERAGE PERIOD						
	Expiration Date 10/1/2016 12:01A.	M. Standard Time at the	e Named Insured's			
02. COVERAGE PERIOD Inception Date 10/1/2015 12:01A.M. to address as stated above.	Expiration Date 10/1/2016 12:01A.	M. Standard Time at the	e Named Insured's			
Inception Date 10/1/2015 12:01A.M. to	Expiration Date 10/1/2016 12:01A.	M. Standard Time at the	e Named Insured's			
Inception Date 10/1/2015 12:01A.M. to address as stated above.						
Inception Date 10/1/2015 12:01A.M. to address as stated above. 03. BUSINESS TYPE			ganization			
Inception Date 10/1/2015 12:01A.M. to address as stated above. 03. BUSINESS TYPE □PTA PTO □Booste	r Club	on Nonprofit Org	ganization PREMIUM			
Inception Date 10/1/2015 12:01A.M. to address as stated above. 03. BUSINESS TYPE □PTA □PTO 04. COVERAGE PART	r Club	on Nonprofit Org	ganization PREMIUM			
Inception Date 10/1/2015 12:01A.M. to address as stated above. 03. BUSINESS TYPE □ □PTA □ PTO □ 04. COVERAGE PART ACCIDENT MEDICAL INSURANCE	r Club Educational Foundation BENEFIT	on Nonprofit Org DEDUCTIBLE	ganization PREMIUM			
Inception Date 10/1/2015 12:01A.M. to address as stated above. 03. BUSINESS TYPE □PTA □PTO 04. COVERAGE PART ACCIDENT MEDICAL INSURANCE a. Accidental Death b. Accidental Dismemberment	r Club Educational Foundation BENEFIT \$5,000	on Nonprofit Org DEDUCTIBLE \$25	ganization PREMIUM			
Inception Date 10/1/2015 12:01A.M. to address as stated above. 03. BUSINESS TYPE □PTA □PTO 04. COVERAGE PART ACCIDENT MEDICAL INSURANCE a. Accidental Death b. Accidental Dismemberment	r Club Educational Foundation BENEFIT \$5,000 \$5,000	on Nonprofit Org DEDUCTIBLE \$25 \$25	ganization PREMIUM			
Inception Date 10/1/2015 12:01A.M. to address as stated above. 03. BUSINESS TYPE □PTA □PTO 04. COVERAGE PART ACCIDENT MEDICAL INSURANCE a. Accidental Death b. Accidental Dismemberment c. Accident Medical Expense	r Club Educational Foundation BENEFIT \$5,000 \$5,000 \$25,000 \$5,000 \$5,000	on Nonprofit Org DEDUCTIBLE \$25 \$25 \$25 \$25	ganization			
Inception Date 10/1/2015 12:01A.M. to address as stated above. 03. BUSINESS TYPE □PTA □PTO 04. COVERAGE PART ACCIDENT MEDICAL INSURANCE a. Accidental Death b. Accidental Dismemberment c. Accident Medical Expense	r Club Educational Foundation BENEFIT \$5,000 \$5,000 \$25,000 \$5,000 \$5,000	on Nonprofit Org DEDUCTIBLE \$25 \$25 \$25 \$25 \$25 \$25	ganization PREMIUM \$81.00			

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

By_____ By____

Robert V. Nuccio

RVNA® RV Nuccio & Associates inc.

Applicant Information

School Support Group Type School Support Group Name Website Total Annual Revenues/Receipts Does your organization conduct its business from a school campus between the grades of K-12? School Name School Address School Address School City School State School Zip Code First Name Last Name Phone E-Mail Address

Coverages

Effective Date Liability Plus Bonding Plus 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. Directors and Officers Plus

Accident Medical Plus

Property Plus

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?

I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members Yes are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance.

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?

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?

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.

Name	
Accepted Date	
Memorandum Number	
Memorandum Number D&O	

PTO

Lockeland Elementary PTO http://lockelandpto.weebly.com 60,000 Yes

Lockeland Elementary 105 S. 17th Street Nashville TN 37206 Lauren Brooks 615-585-3900 teambrooks102701@gmail.com

10/1/2015

No

Yes

Yes

Yes

Yes No, I do not want to purchase this coverage n/a Yes Limit \$25,000

No, I do not want to purchase this coverage.

Lauren Brooks 9/22/2015 NANPO0029400 NPODO0032946



Memorandum Number AD&D Expiration Date NPOAM0027733 10/1/2016

Additional Insureds

0

RVNA RV Nuccio & Associates inc.

SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

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

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

If you wish to purchase this exclusive insurance product, please log in at <u>www.rvnuccio.com</u>

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 <u>www.rvnuccio.com</u>.
- Licensing information available upon request.
- Policy is underwritten by an A+ rated insurance carrier.