



Kentridge High School Booster Cl
14201 Southeast Petrovitsky Roa
Renton , WA 98058

Specialty Insurance Products

Insurance Policy Number: NANPO0064441

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

Office 10148 Riverside Drive
Toluca Lake, CA 91602

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers, Inc. — We look forward to helping with your specialty insurance needs.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/15/2024

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 R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio PHONE (A/C, No, Ext): (800) 364-2433 E-MAIL ADDRESS: support@rvnuccio.com	FAX (A/C, No): (818) 980-1595
	INSURER(S) AFFORDING COVERAGE	
INSURED Kentrige High School Booster Club 14201 Southeast Petrovitsky Road #A3 Box #141 Renton, WA 98058	INSURER A: Fireman's Fund Insurance Company	NAIC # 21873
	INSURER B: Axis Insurance Company	37273
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 <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			UST021067230 NANPO0064441	6/18/2024	6/18/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MEDICAL EXPENSE \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers			NPODO0072603	6/18/2024	6/18/2025	\$1,000,000
B	AD&D Medical Plus			NPOAM0048591	6/18/2024	6/18/2025	\$10,000
A	Sexual Misconduct Liability			NANPO0064441	6/18/2024	6/18/2025	Included

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 Robert V. Nuccio



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/15/2024

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PRODUCER R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio PHONE (A/C, No, Ext): (800) 364-2433 E-MAIL ADDRESS: support@rvnuccio.com	FAX (A/C, No): (818) 980-1595
	INSURER(S) AFFORDING COVERAGE	
INSURED Kentridge High School Booster Club 14201 Southeast Petrovitsky Road #A3 Box #141 Renton, WA 98058	INSURER A: Fireman's Fund Insurance Company	NAIC # 21873
	INSURER B: Axis Insurance Company	37273
	INSURER C:	
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	AUTOMOBILE LIABILITY <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 N/A <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers			NPODO0072603	6/18/2024	6/18/2025	\$1,000,000
B	AD&D Medical Plus			NPOAM0048591	6/18/2024	6/18/2025	\$10,000
A	Sexual Misconduct Liability			NANPO0064441	6/18/2024	6/18/2025	Included

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

Additional Insured: The Kent School District / Sexual Misconduct Liability included. Event Description: Various events Start Date: 06/18/2024 End Date: 06/18/2025

CERTIFICATE HOLDER	CANCELLATION
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The Kent School District 12033 Southeast 256th Street Kent, WA 98030	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 Robert V. Nuccio
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POLICY NUMBER: UST021067230
EFFECTIVE DATES: 6/18/2024 to 6/18/2025
CERTIFICATE NUMBER: NANPO0064441

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)
The Kent School District 12033 Southeast 256th Street Kent , WA 98030
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.

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

MEMORANDUM OF INSURANCE

Master Policy Number: UST021067230	Memorandum Number: NANPO0064441
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: R.V. Nuccio & Associates Insurance Brokers, Inc. 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: Kentridge High School Booster Club
- b. Street Address: 14201 Southeast Petrovitsky Road #A3 Box #
- c. City: Renton
- d. State: WA
- e. Zip Code: 98058

02. COVERAGE PERIOD

Inception Date 6/18/2024 12:01A.M. to Expiration Date 6/18/2025 12:01A.M. Standard Time at the Named Insured's address as stated above.

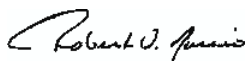
03. BUSINESS TYPE

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	\$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. 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			<u>\$45.00</u>

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued:
Form Number:NPOUWS001

By 
Robert V. Nuccio

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

MEMORANDUM OF INSURANCE

Master Policy Number: USF01299023	Memorandum Number: NPODO0072603
Issuing Company: Fireman's Fund Indemnity Corporation 225 W. Washington Street, Ste 1800 Chicago, IL 60606-3484 Nationwide Claims: 1-888-347-3428	National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc. 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: Kentridge High School Booster Club
 - b. Street Address: 14201 Southeast Petrovitsky Road #A3 Box #
 - c. City: Renton
 - d. State: WA
 - e. Zip Code: 98058
-

02. COVERAGE PERIOD

Inception Date 6/18/2024 12:01A.M. to Expiration Date 6/18/2025 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. RETROSPECTIVE DATE: 6/18/2024

04. BUSINESS TYPE

- PTA PTO Booster Club Educational Foundation Nonprofit Organization
-

05. COVERAGE	LIMIT OF INSURANCE	RETENTION	PREMIUM
a. DIRECTORS & OFFICERS LIABILITY			\$24.75
01. Each Claim	\$1,000,000	\$250	
02. Annual Aggregate	\$1,000,000		
b. EMPLOYMENT PRACTICES LIABILITY	Covered	\$250	

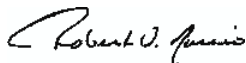
Surplus Lines/Stamping Fee 0.78

06. TOTAL PREMIUM Due At Inception

\$25.53

07. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: 5/15/2024
Form Number: NPOUWS001

By 

Robert V. Nuccio

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

MEMORANDUM OF INSURANCE

Master Policy Number: SRPO 18461000

Memorandum Number: NPOAM0048591

Issuing Company:

Axis Insurance Company

111 South Wacker Drive, Suite 3500

Chicago, IL 60606

Nationwide Claims: 1-800-567-2685

National Program Administrator:

R.V. Nuccio & Associates Insurance Brokers, Inc.

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: Kentridge High School Booster Club
- b. Street Address: 14201 Southeast Petrovitsky Road #A3 Box #
- c. City: Renton
- d. State: WA
- e. Zip Code: 98058

02. COVERAGE PERIOD

Inception Date 6/18/2024 12:01A.M. to Expiration Date 6/18/2025 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

ACCIDENT MEDICAL INSURANCE

	BENEFIT	DEDUCTIBLE	PREMIUM
a. Accidental Death	\$5,000	\$25	\$73.00
b. Accidental Dismemberment	\$5,000	\$25	
c. Accident Medical Expense	\$10,000	\$25	
d. Dental Maximum	\$250	\$25	


State Guarantee Fund \$0.00

05. TOTAL PREMIUM Due At Inception

 \$73.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: 5/15/2024
Form Number: NPOUWS001

By 
Robert V. Nuccio

PARTICIPATING ORGANIZATION MASTER APPLICATION FOR BLANKET ACCIDENT INSURANCE

Application is hereby made for a plan of INSURANCE based on the following statements and representations:

Part 1 – Policyholder

Name: National Alliance of Nonprofit Organizations Inc.	Policy Term: 1 Year
Policy Number: SRPO 18461000	

Part 2 – Participating Organization Information

Participating Organization Policy Number:	SRPO 18461000	NPOAM0048591
Requested Effective Date: 6/18/2024	Expiration Date: 6/18/2025	
Legal Name of Subscriber: Kentridge High School Booster Club		
Complete Street Address: 14201 Southeast Petrovitsky Road #A3 Box #141 , Renton , WA 98058		
Group Type: <input type="checkbox"/> PTA <input type="checkbox"/> PTO <input checked="" type="checkbox"/> Booster Club <input type="checkbox"/> Educational Foundation <input type="checkbox"/> Nonprofit Organization		

Part 3 – Participating Organization Coverage

SCHEDULE OF BENEFITS

The following is a brief outline of the coverage and benefits provided by this Policy. If there is any conflict between the information in this Application and the Policy, the Policy will control in all respects. Please read the Conditions of Coverage and Description of Benefits sections of the Policy for full details.

Class 1 Eligible Persons:

All registered members of the Subscriber whose names are on file with the Subscriber and for whom the appropriate premium has been paid. Coverage for Participating Organizations is effective as per the Effective Date and Expiration Date shown on the Participating Organization Application. No new members will be accepted after the end of the Policy Term shown on the face page of the Policy.

CONDITIONS OF COVERAGE: Sponsored Activities Coverage

While participating in the Subscriber's scheduled, sponsored and supervised activities on the premises designated by the Subscriber. Includes direct travel without delay, deviation or interruption to and from the site of the Covered Activity.

Benefits

Selected Option	Premium Amount	Full Excess Accident Medical Maximum	Accident Medical Deductible
<input checked="" type="checkbox"/> 1	\$73.00	\$10,000	\$25
<input type="checkbox"/> 2	\$81.00	\$25,000	\$25
<input type="checkbox"/> 3	\$88.00	\$50,000	\$25
All Options		AD&D Principal Sum \$5,000	
All Options		AD&D Aggregate Limit of Indemnity \$250,000	

Your Policy is underwritten by AXIS Insurance Company. The Policy is a legal contract between the Policyholder and AXIS Insurance Company. The Policyholder maintains a copy of the Policy. If there is any conflict between the information in this Application and the Policy, the Policy will control in all respects.

Part 4—Disclosures; Applicant’s Acceptance of Terms

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

PARTICIPATING ORGANIZATION SIGNATURE	Signature On File
LICENSED BROKER/AGENT SIGNATURE	K&K Insurance Group Inc.

Important Notice

- ❖ ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of California:*** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ❖ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ❖ ***For residents of the District of Columbia:*** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ❖ ***For residents of Maine, Tennessee and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Maryland:*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Hampshire:*** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

- ❖ **For residents of Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ **For residents of Oregon:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ **For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- ❖ **For residents of Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ❖ **For resident of Virginia:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.



Applicant Information

Contact Person

First Name Shelly
 Last Name Bynum
 Contact Phone Number 206-579-8485
 Contact Email

School Information

School Name Kentridge High School
 School Address 12430 SE 208th St.
 School City Kent
 School State WA
 School Zip Code 98031

Organization Information

School Support Group Type Booster Club WSBCA member
 Full Legal School Support Group Name Kentridge High School Booster Club
 Is the applicant's mailing address the same as the address indicated above? No
 Mailing Address Street 14201 Southeast Petrovitsky Road #A3 Box #141
 Mailing Address City Renton
 Mailing Address State WA
 Mailing Address Zip Code 98058
 Website/Facebook/Instagram (If Any)

Organization Activity

Is your group primarily a project graduation group? 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 15000

Coverages

Liability Plus \$1,000,000/\$2,000,000
 Damage to Premises Rented Limit \$100,000
 Bonding Plus No, I do not want to purchase this coverage
 Directors & Officers Plus Yes
 Accident Medical Plus Limit \$10,000
 Property Plus No, I do not want to purchase this coverage.

When would you like coverage to begin?

Policy Effective Date 6/18/2024

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



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

Do you understand and agree that by signing this application, R.V. Nuccio & Associates, Inc. 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	Shelly Bynum
Date Signed	05/15/2024
Memorandum Number	NANPO0064441
Memorandum Number D&O	NPODO0072603
Memorandum Number AD&D	NPOAM0048591
Expiration Date	6/18/2025

Additional Insureds

1	
Additional Insured Name	The Kent School District
Address	12033 Southeast 256th Street
City	Kent
State	WA
Zip Code	98030
Email Address	
Phone Number	
Event Start Date	06/18/2024
Event End Date	06/18/2025
Event Description	Various events
Is there any specific wording the Additional Insured would like to see on the Certificate?	The Kent School District



SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: Kentridge High School Booster Club Date: 5/15/2024
 Proposed Coverage Dates: 6/18/2024 12:01AM to 6/18/2025 12:01AM Client ID#: 2202469

POLICY INFORMATION	LIMIT	COST
1. Liability Plus	\$1,000,000/\$2,000,000	\$ 45.00
RVNA, Inc. Administration & Unlimited Additional Insured Charge		\$ 69.00
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	\$10,000	\$ 73.00
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/State Charges		\$ 0.78
TOTAL		\$ 262.78

If you wish to purchase this exclusive insurance product, please log in at protectyournonprofit.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. Request a sample policy online at protectyournonprofit.com.
- Unless otherwise disclosed in your quotation letter, our professional fees are normally based upon a commission, which is calculated by applying a percentage against the collected premium and paid to us by an insurance company. Additionally, RVNA may receive compensation from an insurance company which is based upon premium volume, growth and loss experience. After you have reviewed your quotation letter, you have no obligation to purchase insurance from us. Should you ultimately choose to do so, you are agreeing to all of the charges displayed within your quotation letter.
- Licensing information available upon request.
- Policy is underwritten by an A+ rated insurance carrier.

R.V. NUCCIO & ASSOCIATES INSURANCE BROKERS, INC.

COMPENSATION DISCLOSURE AND AGREEMENT FORM

ADMINISTRATIVE FEE PAYABLE BY CLIENT:

\$ 94.25

R.V. Nuccio & Associates Insurance Brokers, Inc. is charging a non-negotiable, fixed administrative fee in addition to any premium charged (which *may* also include a commission paid by the insuring company). By and through this administrative fee, Client has 24-hour/7-day access to self-service online portal, which includes access to the insurance policy, all endorsements and other documents; the ability to create, print and to forward unlimited Certificates of Insurance; and the ability to add and/or amend unlimited Additional Insured Certificates of Insurance and/or endorsements, as needed. In addition, the Client also has the opportunity to renew the policy online 24/7 when the office is unattended.

COMMISSION PAYABLE BY INSURANCE COMPANY:

\$ 0.00

R.V. Nuccio & Associates Insurance Brokers, Inc. may also receive additional commissions from the insurance carrier, some based upon a percentage of the premium at the point of sale (displayed above), and some at a future date after the close of the production year. The commissions which *may* be paid at some time in the future, are in the form of future incentive compensation from the insurer, including contingent commissions and other awards and/or bonuses based upon factors that typically include the total sales volume, growth, profitability and retention of business placed by the insurance broker/producer with the insurer. Incentive compensation is never guaranteed, and is only paid if the performance criteria established in the Broker/Insurer Agreement is met by the insurance broker/producer of the business entity with which the insurance broker/producer is affiliated.

YOU ARE UNDER NO OBLIGATION TO PURCHASE THIS INSURANCE PRODUCT. BY SIGNING THIS COMPENSATION DISCLOSURE FORM AND AGREEMENT, YOU ARE AGREEING TO THE FOREGOING COMPENSATION STRUCTURE.

In the event of policy cancellation, the above administrative fee, payable by the client, will not be considered in any calculation assessing unearned or return premium.

R.V. Nuccio & Associates Insurance Brokers, Inc. does not have any ownership interest and is not under common control with the person or entity providing the compensation (the insurer). R.V. Nuccio & Associates Insurance Brokers, Inc. is not aware that any other person or entity will receive compensation from the insurer for assisting in this transaction.

Client Signature

Date

5/15/2024

Note:

R.V. Nuccio & Associates Insurance Brokers, Inc. insurance producer's license number in Missouri is 0009686.

01/20/2022

RVNACOMPENSATIONDISCLOSUREFORM002A.DOCX

R.V. Nuccio & Associates Insurance Brokers, Inc.