



Country Meadows Elementa
6360 Gilmer Rd
Long Grove , IL 60047

Specialty Insurance Products

Insurance Policy Number: NANPO0054061

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.





EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/17/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 (800) 364-2433	PHONE (A/C, No, Ext): Robert V. Nuccio 364-2433	COMPANY Fireman's Fund Insurance Company 777 San Marin Drive Novato, California 94998-2000
FAX (A/C, No): (818) 980-1595	E-MAIL ADDRESS: support@rvnuccio.com	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED Country Meadows Elementary School PTO 6360 Gilmer Rd Long Grove , IL 60047	LOAN NUMBER	POLICY NUMBER NANPO0054061
	EFFECTIVE DATE 1/12/2022	EXPIRATION DATE 1/12/2023
	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Property/Equipment Insurance	Not Covered	Not Covered
Crime Insurance	\$50,000	\$250

REMARKS (Including Special Conditions)

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.

ADDITIONAL INTEREST

NAME AND ADDRESS Evidence of Insurance Only	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Robert V. Nuccio		

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

MEMORANDUM OF INSURANCE

Master Policy Number: XPK80998373	Memorandum Number: NANPO0054061
Issuing Company: The American Insurance Company 1465 N. McDowell Blvd Petaluma, California 94954 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: Country Meadows Elementary School PTO
- b. Street Address: 6360 Gilmer Rd
- c. City: Long Grove
- d. State: IL
- e. Zip Code: 60047

02. COVERAGE PERIOD

Inception Date 1/12/2022 12:01A.M. to Expiration Date 1/12/2023 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. BUSINESS TYPE

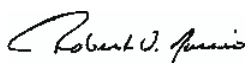
PTA PTO Booster Club Educational Foundation Nonprofit Organization

04. COVERAGE PART

LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
a. INLAND MARINE PROPERTY COVERAGE PART		\$0.00
Business Personal Property/Equipment	Not Covered	
b. INLAND MARINE CRIME COVERAGE PART		\$62.00
(01)Employee Dishonesty	\$50,000	\$250
(02)Forgery Or Alteration	\$50,000	\$250
(03)Theft, Disappearance And Destruction Of Money		
(a)Inside The Premises	\$50,000	\$250
(b)Outside The Premises	\$50,000	\$250
c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART		\$0.00
(01)General Aggregate	Not Covered	
(02)Products/Completed Operations Aggregate		
(03)Personal And Advertising Injury		
(04)Each Occurrence		
(05)Damage To Premises Rented To You		
(06)Medical Expense		
(07)Non-Owned And Hired Automobiles	Not Covered	
	State Guarantee Fund	\$0.00
05. TOTAL PREMIUM Due At Inception		\$62.00

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: USF00769321	Memorandum Number: NPODO0061272
Issuing Company: Fireman's Fund Insurance Company 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: Country Meadows Elementary School PTO
- b. Street Address: 6360 Gilmer Rd
- c. City: Long Grove
- d. State: IL
- e. Zip Code: 60047

02. COVERAGE PERIOD

Inception Date 1/12/2022 12:01A.M. to Expiration Date 1/12/2023 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. RETROSPECTIVE DATE: 1/12/2022

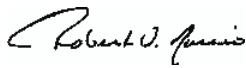
04. BUSINESS TYPE

- 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	\$0	
02. Annual Aggregate	\$1,000,000		
b. EMPLOYMENT PRACTICES LIABILITY	Covered	\$0	
		State Guarantee Fund	\$0.00
06. TOTAL PREMIUM Due At Inception			<u>\$24.75</u>

07. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued: 12/17/2021
Form Number: NPOUWS001

By 
Robert V. Nuccio



Applicant Information

School Support Group Type	Booster Club
Full Legal School Support Group Name	Country Meadows Elementary School PTO
Website	
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
School Name	County Meadows Elementary School
School Address	6360 Gilmer Rd
School City	Long Grove
School State	IL
School Zip Code	60047
First Name	Megan
Last Name	Robin
Phone	708 204 0352
E-Mail Address	megan.leahy@yahoo.com
Membership dues	3082
Cash grants/gifts/scrips/online sales	2294
Bingo	0
Other Fund Raising Activities	10956
Is the applicant's mailing address the same as the address indicated above?	Yes

Coverages

Effective Date	1/12/2022
Liability Plus	Not Selected
Damage to Premises Rented Limit	Not Selected
Bonding Plus	Limit \$50,000
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.	Yes
Directors and Officers Plus	Yes
Accident Medical Plus	No, I do not want to purchase this coverage.
Property Plus	No, I do not want to purchase this coverage.
Does your School Group have any other booster clubs or groups operating along with or under your School Group or does your School Group have any other booster clubs or groups over which you exercise any control?	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, 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	Megan Robin
Accepted Date	12/17/2021
Memorandum Number	NANPO0054061



Memorandum Number D&O
Expiration Date

NPODO0061272
1/12/2023

Additional Insureds
Number of Additional Insureds

0



SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: Country Meadows Elementary School PTO Date: 12/17/2021
 Proposed Coverage Dates: 1/12/2022 12:01AM to 1/12/2023 12:01AM Client ID#: 1766886

POLICY INFORMATION	LIMIT	COST
1. Liability Plus	Not Covered	\$ 0.00
RVNA, Inc. Administration & Unlimited Additional Insured Charge		\$ 0.00
2. Bonding Plus	\$50,000	\$ 62.00
RVNA, Inc. Administration Charge		\$ 60.00
3. Directors & Officers Liability Plus	\$1,000,000	\$ 24.75
RVNA, Inc. Administration Charge		\$ 25.25
4. Accident Medical Plus	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
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		\$ 172.00

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.
- Licensing information available upon request.
- Policy is underwritten by an A+ rated insurance carrier.