



Santa Teresa Athletic Boost  
117 Bernal Road, #70-211  
San Jose , CA 95119

## Specialty Insurance Products

Insurance Policy Number: NANPO0046566

**Tel.** (800) 364-2433

**Email** [support@rvnuccio.com](mailto:support@rvnuccio.com)

**Online** [rvnuccio.com](http://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)  
03/04/2020

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> Santa Teresa Athletic Booster Club (STABC) 117 Bernal Road, #70-211 San Jose, CA 95119	<b>INSURER A:</b> Fireman's Fund Insurance Company	<b>NAIC #</b> 21873
	<b>INSURER B:</b> Nationwide Life Insurance Company	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	<input checked="" type="checkbox"/>		XPK80998373 NANPO0046566	3/3/2020	3/3/2021	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"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> 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			NPODO0052672	3/3/2020	3/3/2021	\$1,000,000
B	AD&D Medical Plus			NPOAM0038099	3/3/2020	3/3/2021	\$50,000
A	Sexual Misconduct Liability			NANPO0046566	3/3/2020	3/3/2021	1,000,000

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

Additional Insured: / Sexual Misconduct Liability included. Event Description: various Start Date: 3/4/2020 End Date: 3/3/2021

### CERTIFICATE HOLDER

East Side Union High School District  
830 North Capitol Ave  
San Jose, CA 95133

### 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

POLICY NUMBER: XPK80998373  
EFFECTIVE DATES: 3/3/2020 to 3/3/2021  
CERTIFICATE NUMBER: NANPO0046566

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**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
East Side Union High School District 830 North Capitol Ave San Jose , CA 95133
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**

**GENERAL CHANGE ENDORSEMENT**

Master Policy Number: XPK80998373  
Endorsement Date: 03/04/2020

Memorandum Number: NANPO0046566  
Endorsement Sequential Number: 1

Issuing Company:  
**Fireman's Fund Insurance Company**  
777 San Marin Drive  
Novato, California 94998-2000  
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: Santa Teresa Athletic Booster Club (STABC)
- b. Street Address: 117 Bernal Road, #70-211
- c. City: San Jose
- d. State: CA
- e. Zip Code: 95119

**02. MEMORANDUM HOLDER MAILING ADDRESS (IF DIFFERENT THAN ABOVE)**

- a. Street Address:
- b. City:
- c. State:
- d. Zip Code:

**03. COVERAGE PERIOD**

Inception Date 3/3/2020 12:01A.M. to Expiration Date 3/3/2021 12:01A.M. Standard Time at the Named Insured's address as stated above.

**04. BUSINESS TYPE**

- PTA       PTO       Booster Club       Educational Foundation       Nonprofit Organization

**05. TYPE OF ENDORSEMENT**

- a.  Addition
- b.  Deletion
- c.  Change

**06. TOTAL AMOUNT DUE OR PAYABLE**

**\$0.00**  
Additional Amount Due   
Return Amount Due

New/Changed Coverages and Premiums

Total Premium \$0.00

Detailed Policy changes are listed on the following page.

Date Issued: 03/04/2020  
Form Number: NPOUWS001

By   
Authorized Representative

# GENERAL CHANGE ENDORSEMENT

Continued From Previous Page

## Changes to Policy (Endorsements)

Endorsement Date	3/4/2020 12:00:00 AM
Endorsement Number	1
Number of Additional Insureds	1
Additional Insured Name	East Side Union High School District
Address	830 North Capitol Ave
City	San Jose
State	CA
Zip Code	95133
Email Address	
Phone Number	
Marker for the owning submission	1f6695c0-08bf-428c-85b5-94358fa47cd1
Event Description	various
Event Start Date	3/4/2020
Event End Date	3/3/2021
Special Wording	
Admin Options:100%	
Additional Insured Endorsement Wording	
Primary & Noncontributory	n/a
Waiver of Subrogation	n/a

**NATIONAL ALLIANCE OF NONPROFIT ORGANIZATIONS, INC.  
MEMBERSHIP CERTIFICATE**

This Certificate of Membership certifies that the person or entity named below is a member in good standing of the National Alliance of Nonprofit Organizations, Inc. and therefore, is granted access to the Resources and Benefits made available to the general membership by the Association at NANPOINC.ORG.

Date of Certification: 03/04/2020  
Member ID Number: 1602623  
Member Name: Santa Teresa Athletic Booster Club (STABC)  
Member Street Address: 117 Bernal Road, #70-211  
San Jose , CA 95119

Authority granting this Certificate:  
National Alliance of Nonprofit Organizations, Inc.  
Executive Director