Corral Hollow Parent Faculty Association, Inc.
(CHPFA Inc.)
General Information

Principal Address:
Corral Hollow Elementary School
7000 Coriander Street
Tracy, CA 95377

Officer Information

Officer Name and Position	Home Address	Personal Phone Number
Paige Bly President	2313 Ellerby Place Tracy, CA 95377	650-248-1389
Cassandra Maldini Secretary	2307 Ostera Street Tracy, CA 95377	415-812-9720
Maricela Prado Treasurer	6346 Moser Way Tracy, CA 95377	650-743-4321
Stephanie Gozum Spirit Wear Chair	7044 Sacramento Drive Tracy, CA 95377	510-566-8210
Rita Owens Communications/Social Media Chair	3049 Wilkins Lane Tracy, CA 95377	209-345-4453

Bank Information

Bank where CHPFA's account is	Local Branch	Authorized to withdraw funds
Wells Fargo Bank	1900 W. 11th Street Tracy, CA 95376	Paige Bly Cassandra Maldini Maricela Prado

Annual Objectives

1. Promote open communication between parents and faculty.
2. Support educational programs and initiatives.
3. Organize events and activities that benefit students and the school community.
4. Raise funds to support school programs and enhancements.

Last Updated: 11/08/2024

Bylaws of the Corral Hollow Parent Faculty Association

Article I: Name

The name of this organization shall be the Corral Hollow Parent Faculty Association (CHPFA).

Article II: Purpose

The purpose of the CHPFA is to foster a collaborative environment between parents, faculty, and the community to enhance the educational experience of students at Corral Hollow School. The CHPFA aims to:

1. Promote open communication between parents and faculty.
2. Support educational programs and initiatives.
3. Organize events and activities that benefit students and the school community.
4. Raise funds to support school programs and enhancements.

Article III: Membership

1. **Eligibility:** Membership is open to all parents and guardians of students enrolled at Corral Hollow School, as well as all faculty and staff.

2. **Dues:** Membership dues, if any, shall be determined annually by the Executive Board and approved by the membership.

Article IV: Meetings

1. **Regular Meetings:** The CHPFA shall hold regular meetings at least once a month during the school year. The schedule will be communicated to all members in advance.

2. **Special Meetings:** Special meetings may be called by the President or by a majority of the Executive Board.

3. **Quorum:** A quorum shall consist of 10% of the membership present at a meeting. Decisions shall be made by a simple majority of those present.

Article V: Officers

1. **Officers:** The officers of the CHPFA shall consist of a President, Vice President, Secretary, and Treasurer.

2. **Term of Office:** Officers shall serve a term of one year, beginning on July 1 and ending on June 30, with the possibility of re-election for one additional term, except for the position of Treasurer which will serve for a term of two years, with the possibility of re-election for one additional term of two years.

3. **Duties:**
    - **President:** Preside over meetings, represent the association, and coordinate activities. Ensure that the bylaws and policies are adhered to.

    - **Vice President:** Assist the President and assume duties in their absence. Oversee committees as assigned.

    - **Secretary:** Record and maintain minutes of all meetings, manage correspondence, and maintain official records.

    - **Treasurer:** Manage the association's finances, maintain accurate financial records, prepare financial reports, and oversee fundraising activities.

Article VI: Executive Board

1. **Composition:** The Executive Board shall consist of the officers and up to three additional members elected from the general membership.

2. **Duties:** The Executive Board shall manage the affairs of the association, develop policies, and make decisions on behalf of the membership through the Executive Board vote.

Article VII: Committees

1. **Establishment:** Committees may be established by the Executive Board as needed to accomplish specific tasks or projects.

2. **Membership:** Any member of the CHPFA may join a committee.

Article VIII: Financial Management

1. **Fiscal Year:** The fiscal year of the CHPFA shall align with the school year, from July 1 to June 30.

2. **Budget:** The Treasurer shall prepare an annual budget, to be approved by the Executive Board and presented to the membership for approval at the first meeting of the school year.

3. **Audit:** An annual financial review shall be conducted by an independent party or a designated committee to ensure transparency and accountability.

Article VIX: Amendments

These bylaws may be amended at any regular meeting of the CHPFA, provided that notice of the proposed amendment has been given to the membership at least one week prior to the meeting. A two-thirds majority of those present and voting is required for adoption.

Article X: Dissolution

In the event of dissolution of the CHPFA, any remaining funds shall be donated to the Corral Hollow School to be used for educational purposes.

Article XI: Adoption

These bylaws shall be adopted by a majority vote of the members present at the first official meeting of the CHPFA.

CORRAL HOLLOW PARENT FACULTY ASSOCIATION (CHPFA)

BOARD MEETING SEPTEMBER 2024

23 SEPTEMBER 2024 / 7:00 PM

ATTENDEES

PAIGE BLY

STEPHANIE GOZUM

MARICELA PRADO

CASSANDRA MALDINI

AGENDA

OLD BUSINESS

1. NONE

NEW BUSINESS

- INTRODUCTION
- PURPOSE AND GOALS
- ROLES AND RESPONSIBILITIES
    - Meeting plan: one board meeting per month; one general meeting per month
    - Location of general meetings: school grounds during events or community center
        - Contact Tracy Hills HOA to book community center for general meetings; get community center to be donated
- COMMUNICATION PLAN
- UPCOMING EVENTS
    - First general meeting
    - Membership Drive
    - October:
        - Pumpkin decorating contest

        - Family movie night
        - Community cleanup day
        - Fall photo booth
    - November:
        - Gratitude wall
        - Thanksgiving food drive
    - December
        - Candlelight Holiday concert
        - Santagrams
        - Toy drive
        - Gingerbread house contest
        - Winter reading challenge
- NON-PROFIT ORGANIZATION STATUS
    - 501C3 status, EIN, and Articles of Incorporation have been filed.
    - $217.95 donation from Cassandra Maldini for filing fees
- CHPFA Communications/Social Media
    - Email: pfa.corralhollow@gmail.com secured; password: [redacted]
    - Instagram: CHPFA; password: [redacted]
- PRESIDENT'S REPORT
- TREASURER'S REPORT
- COMMITTEE REPORTS
- VOLUNTEER OPPORTUNITIES
- QUESTIONS/OPEN TOPICS
- NEXT MEETING DATE
    - General Meeting: Monday, September 30, 2024
        - Introductions
        - Purpose/Mission
        - Membership
            - Benefits
        - Volunteer opportunities
            - Have a sign up sheet
        - Upcoming events
        - Q&A
        - Ideas

        - Provide handouts with key information, dates, and contact details.
        - Consider light refreshments to create a welcoming atmosphere.
        - Set up a sign-up sheet for parents to receive PTA updates via email.
    - October event: October 28, 2024 | 6:00pm
    - Board Meeting: Monday, October 21, 2024 | 7:00pm

NOTES

- **Lorem**

ACTION ITEMS

1. **Lorem**

NEXT MEETING'S AGENDA

Lorem

RVNA®
A DOXA INSURANCE COMPANY

Specialty Insurance Products

Corral Hollow Parent Faculty Associatic
7000 Coriander Street
Tracy , CA 95377

Insurance Policy Number: NANPO0067519

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 — We look forward to helping with your specialty insurance needs.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/8/2024

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
DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers
10148 Riverside Drive
Toluca Lake, CA 91602

CONTACT NAME: Joseph Guerrero
PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595
E-MAIL ADDRESS: support@rvnuccio.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Fireman's Fund Insurance Company	21873
INSURER B : Axis Insurance Company	37273
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Corral Hollow Parent Faculty Association
7000 Coriander Street
Tracy , CA 95377

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	GENERAL LIABILITY			UST021067230	11/9/2024	11/9/2025	EACH OCCURRENCE	$ 1,000,000
	✓ COMMERCIAL GENERAL LIABILITY			NANPO0067519			DAMAGE TO RENTED PREMISES	$ 100,000
	CLAIMS-MADE ✓ OCCUR						MEDICAL EXPENSE	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	✓ POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Sexual Misconduct Liability			NANPO0067519	11/9/2024	11/9/2025		$1,000,000/$1,000,000

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
Joseph Guerrero

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DATE (MM/DD/YYYY): 11/8/2024

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10148 Riverside Drive
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CONTACT NAME: Joseph Guerrero
PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595
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INSURER E :	
INSURER F :	

INSURED
Corral Hollow Parent Faculty Association
7000 Coriander Street
Tracy , CA 95377

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	
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	✓ COMMERCIAL GENERAL LIABILITY			NANPO0067519			DAMAGE TO RENTED PREMISES	$ 100,000
	CLAIMS-MADE ✓ OCCUR						MEDICAL EXPENSE	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	✓ POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Sexual Misconduct Liability			NANPO0067519	11/9/2024	11/9/2025		$1,000,000/$1,000,000

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

Additional Insured: Corral Hollow Elementary School / Sexual Misconduct Liability included. Event Description: PFA Events Start Date: 11/09/2024 End Date: 11/09/2024

CERTIFICATE HOLDER

Corral Hollow Elementary School

7000 Coriander Street

Tracy , CA 95377

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

Joseph Guerrero

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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)
Corral Hollow Elementary School 7000 Coriander Street Tracy , CA 95377
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.

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SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
COMMERCIAL PACKAGE INSURANCE POLICY

MEMORANDUM OF INSURANCE

Master Policy Number: UST021067230

Memorandum Number: NANPO0067519

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:
DOXA Programs, LLC DBA
R.V. Nuccio & Associates Insurance Brokers
10148 Riverside Drive,
Toluca Lake, CA 91602

01. **MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)**
   a. Memorandum Holder: Corral Hollow Parent Faculty Association
   b. Street Address: 7000 Coriander Street
   c. City: Tracy
   d. State: CA
   e. Zip Code: 95377

02. **COVERAGE PERIOD**
   Inception Date 11/9/2024 12:01A.M. to Expiration Date 11/9/2025 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**			$45.00

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

Date Issued:
Form Number: NPOUWS001

By _____
Joseph Guerrero

3/20/2008
NPOUWS001
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RVNA®
R.V. NUCCIO & ASSOCIATES, INC.

Applicant Information

Contact Person	
First Name	Paige
Last Name	Bly
Contact Phone Number	650-258-1389
School Information	
School Name	Corral Hollow Elementary School
School Address	7000 Coriander Street
School City	Tracy
School State	CA
School Zip Code	95377
Organization Information	
School Support Group Type	PTO
Full Legal School Support Group Name	Corral Hollow Parent Faculty Association
Is the applicant’s mailing address the same as the address indicated above?	Yes
Website/Facebook/Instagram (If Any)	
Organization Activity	
Is your group's primary purpose to fundraise for and/or organize a grad night or after prom event?	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	30000
Bingo	0
Other Fund Raising Activities	0

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	No
Accident Medical Plus	No, I do not want to purchase this coverage.
Property Plus	No, I do not want to purchase this coverage.
When would you like coverage to begin?	
Policy Effective Date	11/9/2024
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 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	Paige Bly
Date Signed	11/08/2024
Memorandum Number	NANPO0067519
Memorandum Number D&O	
Memorandum Number AD&D	
Expiration Date	11/9/2025

Additional Insureds

1

Additional Insured Name	Corral Hollow Elementary School
Address	7000 Coriander Street
City	Tracy
State	CA
Zip Code	95377
Email Address	
Phone Number	
Event Start Date	11/09/2024
Event End Date	11/09/2024
Event Description	PFA Events
Is there any specific wording the Additional Insured would like to see on the Certificate?	Corral Hollow Elementary School

RVNA®

A DOXA INSURANCE COMPANY

SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: Corral Hollow Parent Faculty Association — Date: 11/8/2024

Proposed Coverage Dates: 11/9/2024 12:01AM to 11/9/2025 12:01AM — Client ID#: 2339972

POLICY INFORMATION	LIMIT		COST
1. Liability Plus	$1,000,000/$2,000,000	$	45.00
RVNA Administration & Unlimited Additional Insured Charge		$	110.00
2. Bonding Plus	Not Covered	$	0.00
RVNA Administration Charge		$	0.00
3. Directors & Officers Liability Plus	Not Covered	$	0.00
RVNA Administration Charge		$	0.00
4. Accident Medical Plus	Not Covered	$	0.00
RVNA Administration Charge		$	0.00
5. Property Plus	Not Covered	$	0.00
RVNA Administration Charge		$	0.00
RVNA Loss Payee Charge		$	0.00
State Guarantee Fund/State Charges		$	0.00
TOTAL		**$**	**155.00**

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.
- 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.

DOXA PROGRAMS, LLC DBA
R.V. NUCCIO & ASSOCIATES INSURANCE BROKERS
COMPENSATION DISCLOSURE AND AGREEMENT FORM
CALIFORNIA

Standard Broker Disclosure

The following was prepared by the California Insurance Commissioner:

I. Do not sign any broker fee agreement unless all of its blank lines and spaces have been filled-in and you have read this entire document and the agreement carefully.

II. Your insurance broker represents you, the consumer, and is entitled to charge a broker fee if he/she chooses. This fee is not set by law, and may be negotiable between you and the broker.

III. It is illegal or improper for an insurance broker to charge you a fee for placing coverage solely with the California Automobile Assigned Risk Plan or the California FAIR Plan. Fees may be charged for placement of other coverages.

IV. Broker fees are often non-refundable even if you cancel your coverage. Refer to your broker fee agreement to see if your broker fee is non-refundable. However, you may be entitled to a full refund of a broker fee if your broker acted incompetently or dishonestly. Unresolved disputes over non-refunded broker fees can be forwarded to the Department of Insurance for review.

V. You are entitled to obtain and keep a completed copy of this disclosure and any broker fee agreement you sign.

VI. Your broker may receive commission from insurance company(ies) for placing your insurance. This commission may be paid to your broker by the insurance company(ies) in addition to any broker fee you pay.

VII. If you will be paying your premium in installments to a finance company, by law you must receive a copy of a premium finance disclosure and agreement. Be sure to obtain and read those documents before signing a premium finance agreement. Also, ask the broker if the insurer offers its own installment payment plan. Insurer installment plans are often cheaper than premium financing through a separate premium finance company.

VIII. If your broker is placing automobile coverage, your broker must provide you with a copy of the current Department of Insurance Automobile Insurance pamphlet. If your broker is placing residential coverage, your broker must provide you with a copy of the current Department of Insurance Residential Insurance pamphlet. By signing this disclosure you acknowledge receipt of the appropriate pamphlet(s).

Standard Broker Fee Agreement

1. The parties to this agreement are you the "CLIENT", and DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers, California Department of Insurance License Number 6012212 ("BROKER").
2. CLIENT appoints BROKER as CLIENT'S insurance broker of record.
3. This agreement shall become operative on the date you purchase insurance coverage as specified below, and shall continue in full force until terminated by either party.
4. BROKER agrees to represent CLIENT honestly and competently.
5. CLIENT agrees to pay BROKER a broker fee for BROKER'S services. The broker fee is displayed below and is NOT refundable.
6. BROKER may in the future charge CLIENT, and CLIENT agrees to pay, additional fee(s) for the services listed below. The additional fees and services are:

Service	Fee
24-hour/7day access to self-service online portal with access to policy, all endorsements and other documents; ability to print and forward unlimited Certificates of Insurance; ability to add or/amend Additional Insured Certificates and/or endorsements.	$ 85.00
	$

7. Following are the nature and amount of all fees known to BROKER that will be charged by persons other than BROKER or the insurance company in connection with current placement of CLIENT's insurance. These fees are not retained by BROKER.

_____ 11/8/2024 R.V. Nuccio & Associates Insurance Brokers

Client Signature Date

RVNA®

A DOXA INSURANCE COMPANY

SCHOOL SUPPORT GROUP INSURANCE RECEIPT

DATE PAID
11/8/2024

INSURED INFORMATION

Insured Name: Corral Hollow Parent Faculty Association
Insured Address: 7000 Coriander Street
Tracy , CA 95377
Insured Phone Number: 650-258-1389
Insured Email Address: PaigeLBly@gmail.com
Policy Period: 11/9/2024 12:01AM to 11/9/2025 12:01AM
Commercial Package Policy Memorandum Number: NANPO0067519
Directors & Officers Liability Policy Memorandum Number: Not Purchased
Accident Medical Policy Memorandum Number: Not Purchased
ID Number: 2339972

POLICY INFORMATION

Liability Plus	$	155.00
Bonding Plus	$	0.00
Directors & Officers Liability Plus	$	0.00
Accident Medical Plus	$	0.00
Property Plus	$	0.00
Total	**$**	**155.00**

PAYMENT INFORMATION

- [x] Paid By Credit Card Ending:******8389
- [ ] Paid By eCheck Account Ending:
- [ ] Paid by Mail-In Check