

Friday, February 9, 2018

**Lisa Fitness Concept, LLC  
dba Orangetheory Fitness  
6813 Cantrell Road  
Little Rock, AR 72207**

Attn: **Lisa Duke**

Re: Health Club Insurance Proposal

**Proposed Effective Date: 07/12/2016**

Thank you for giving Fitness Insurance, LLC the opportunity to offer your renewal proposal. This proposal has been tailored to the overall needs of the Health Club Industry, as well as your specific needs.

This proposal provides a brief summary of the insurance coverages we are proposing for your renewal. Only the actual policy will contain all the terms, conditions, limitations and exclusions.

Proposed limits and terms presented are per expiring or per your renewal instructions. It is your responsibility to review the terms, limits, and optional coverages available and advise us of any changes necessary. It is important to notify us of any additions of equipment, tenant improvements, or added activities as it may be necessary for additional coverage.

When you choose Fitness Insurance, you are assured personal service, ease of doing business and quick responses to your needs.

We look forward to working with you and servicing your needs throughout the year!

Sincerely,

*Scott*

Scott Kerr on behalf of Randy Schumacher  
Fitness Insurance

To renew your coverage, please review the binding checklist attached. Should you elect to bind coverage, payment and all other required paperwork must be received in our office prior to binding. Coverage cannot be bound without completed paperwork and payment. The undersigned is an authorized representative of the applicant and agrees that the information provided in the application, written or verbal, and any material submitted herewith are the representations of all the applicants and that they are material and are the basis for issuance of the insurance policy provided by us. The undersigned further agrees that the application and any material submitted with the application shall be maintained on file (either electronically or paper) with us and shall be deemed to be attached hereto as if physically attached. The undersigned further agrees to all proposed limits, terms, and conditions contained herein and understands that higher limits may be available for all lines of coverage.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## RENEWAL BINDING CHECKLIST

Friday, February 9, 2018

**Lisa Fitness Concept, LLC DBA Orangetheory Fitness**

To renew coverage, please complete, sign and return the following items and indicate payment option below:

NOTE: All binding paperwork and payment must be received before the desired effective date of coverage. Failure to return paperwork and payment on time could result in a lapse in coverage. We cannot bind coverage without payment.

- \_\_\_ **Cover Letter**
- \_\_\_ **Liability Notice of Terrorism Coverage**
- \_\_\_ **Excess Liability Notice of Terrorism Coverage**  
Note on Terrorism Coverage: You can choose to elect or reject terrorism on the policies indicated. To ELECT coverage, please make a SEPARATE CHECK payable to FITNESS INSURANCE, LLC for the amount specified on the Notice of Terrorism Coverage Form. Please be sure to either ELECT or REJECT this coverage, sign and return the applicable pages with your binding paperwork. Please note that the premium for this coverage is NOT and CANNOT BE included on your premium finance agreement, if you have selected to finance your premium.
- \_\_\_ **Eligibility Guidelines**
- \_\_\_ **24-Hour Eligibility Guidelines**
- \_\_\_ **Surplus Lines Acknowledgement/Affidavit Required by your State**  
Please read and sign the original affidavit attached. This is a requirement in your State and must be completed before a policy can be issued.
- \_\_\_ **Wind and Hail Exclusion**
- \_\_\_ **Fraud Notice**
- \_\_\_ **Optional Coverages**
- \_\_\_ **Payment** - We must have payment to bind coverage. If payment is not received, there will be a lapse in coverage. Please select payment option below:
  - \_\_\_ **Payment in full with check** mailed to Fitness Insurance, LLC
  - \_\_\_ **Payment in full by electronic draft** via Automated Clearing House (ACH)
- \_\_\_ **Signed Premium Finance Agreement**
  - \_\_\_ Down Payment made via Check attached
  - \_\_\_ Down Payment by electronic draft via Automated Clearing House (ACH)
  - \_\_\_ Monthly Installments from Premium Finance Company via Invoice/Statement
  - \_\_\_ Monthly Installments from Premium Finance Company by electronic draft via Automated Clearing House (ACH)
- \_\_\_ **If ACH is requested, complete and sign the ACH Authorization Form and attach a copy of a voided check.**
- \_\_\_ **Renewal Questionnaire**
- \_\_\_ **Inspection** - Your general liability carrier requires an inspection every three years. We will order one upon renewal.