

Thursday, February 15, 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 _____