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The School Board of
Broward County, Florida

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September 5, 2025

Attn: Jason Mattson

Centurion Partners Health and Fitness, LLC

d/b/a Fitnessmith

3610 Quantum Blvd

Boyton Beach, FL 33426

Email: jmattson@fitnessmith.com

Phone: 561-529-5590 / 561-670-9466

Subject: **Letter of Renewal**
ITB #: FY22-128
ITB Title: Gym Equipment
Contract Term: 11/1/2025 through 10/31/2026

Dear Mr. Mattson:

The School Board of Broward County, Florida has accepted to renew the above-referenced ITB via Memo Renewal in August 2025.

If there have been any changes for your firm since the previous award, use the link below to update your vendor registration: <https://schoolboardofbrowardcounty.sourcing.ariba.com/ad/selfRegistration>

Proof of insurance must be submitted to the insurance tracking system within fifteen (15) days of this notification. You will receive a system-generated email within three (3) business days of this letter with insurance requirements and a unique link to upload your certificate of insurance (located at the bottom of the email as a blue box labeled Upload COI). **YOU MUST RECEIVE A NOTICE OF COMPLIANCE.**

All employees (including subcontractors and agents) who enter onto SBBC property must be fingerprinted and wear a SBBC issued photo identification badge at all times while on SBBC property. Part of the registration requires a PIN Number. Vendor must send an email direct to: fieldprint@browardschools.com to request a PIN Number WITH a copy of this award letter attached to the email. Information about the process can be found at this link: <https://www.browardschools.com/Page/40551> If you have questions pertaining to identification badges, please contact the Security Clearance Department at (754) 321-2374.

Please note, an identification badge will not be issued and no work can commence until insurance forms are approved, and a written purchase order is released.

Any service provided or merchandise delivered prior to the receipt of the Purchase Order (PO) is at the full risk of the seller. SBBC is not responsible for the payment of any service or merchandise before issuing the corresponding PO.

Sincerely,

Maya Babeca

Purchasing Agent III

Cc: Suet Cheung, Risk Management

ATTACHMENT: INSURANCE PROVISIONS

MINIMUM INSURANCE REQUIREMENTS

Insurance Requirements. VENDOR shall comply with the following insurance requirements throughout the term of this Agreement:

- a. General Liability. VENDOR shall maintain General Liability insurance during the term of this Agreement with limits not less than \$1,000,000 per occurrence for Bodily Injury/ Property Damage; \$1,000,000 General Aggregate; and limits not less than \$1,000,000 for Products/Completed Operations Aggregate.
- b. Workers' Compensation. In accordance with Chapter 440, Florida Statutes, VENDOR shall have and maintain Workers' Compensation insurance and Employer's Liability limits of not less than \$100,000/\$100,000/\$500,000 (each accident/disease-each employee/disease-policy limit).
- c. Auto Liability. VENDOR shall have and maintain Owned, Non-Owned and Hired Auto Liability insurance with Bodily Injury and Property Damage with limits of not less than \$1,000,000 Combined Single Limit. If VENDOR does not own any vehicles, it shall have and maintain hired and non-owned automobile liability coverage in the amount of \$1,000,000. In addition, an affidavit signed by VENDOR must be furnished to SBBC stating the following: "**Centurion Partners Health and Fitness, LLC d/b/a Fitnessmith** does not own any vehicles. If **Centurion Partners Health and Fitness, LLC d/b/a Fitnessmith** acquires any vehicles during the term of the Agreement, **Centurion Partners Health and Fitness, LLC d/b/a Fitnessmith** agrees to provide of proof of "Any Auto" coverage effective as of the date of vehicle acquisition."
- d. Acceptability of Insurance Carriers. The insurance policies required under this Agreement shall be issued by companies qualified to do business in the State of Florida and having a rating of at least A- VI by AM Best or Aa3 by Moody's Investor Service.
- e. Verification of Coverage. Proof of insurance must be submitted to the insurance tracking system within fifteen (15) days of this notification. You will receive a system-generated email within three (3) business days of this letter with insurance requirements and a unique link to upload your certificate of insurance (located at the bottom of the email as a blue box labeled Upload COI). **YOU MUST RECEIVE A NOTICE OF COMPLIANCE.**
- f. Required Conditions. Liability policies must include the following terms on the Certificate of Insurance:
 - 1.The School Board of Broward County, Florida, its members, officers, employees and agents are added as additional insured.
 - 2.All liability policies are primary of all other valid and collectible coverage maintained by The School Board of Broward County, Florida.
 - 3.**Certificate Holder: The School Board of Broward County, Florida. 600 SE 3rd Avenue, Fort Lauderdale, Florida 33301**
- g. Cancellation of Insurance. VENDOR is prohibited from providing services under this Agreement with SBBC without first obtaining the minimum required insurance coverage and must notify SBBC within two (2) business days if required insurance is canceled.
- h. SBBC reserves the right to review, reject or accept any required policies of insurance, including limits, coverage or endorsements, herein throughout the term of this Agreement.

NOTE: **EXIGIS** IS NO LONGER HANDLING THE CERTIFICATE OF INSURANCE.