



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/2018

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 have **ADDITIONAL INSURED** provisions or 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 License # 954553 AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300 Richfield, OH 44286	CONTACT NAME: Justin Venkatsammy PHONE (A/C, No, Ext): (440) 895-6581 FAX (A/C, No): (440) 356-2126 E-MAIL ADDRESS: jvenkatsammy@assuredpartnersoh.com
	INSURER(S) AFFORDING COVERAGE
INSURED Musculoskeletal Transplant Foundation BioCon, Inc. 125 May Street Edison, NJ 08837-9947	INSURER A : Beazley Insurance Company, Inc NAIC # 37540
	INSURER B : Philadelphia Indemnity Company 18058
	INSURER C : Zurich American Ins. Co. 16535
	INSURER D : RSUI Indemnity Company 22314
	INSURER E :
	INSURER F :

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X COMMERCIAL GENERAL LIABILITY			W148A6180501	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 10,000,000			
	X <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000			
	X Professional Liab.						MED EXP (Any one person)	\$ 10,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ Included			
X	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 10,000,000			
	OTHER:						PRODUCTS - COMPI/OP AGG	\$ 10,000,000			
B	AUTOMOBILE LIABILITY			PHPK1798504	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	X	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
	X	HIRED AUTOS ONLY	X				NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$		
								PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB						EACH OCCURRENCE	\$			
	EXCESS LIAB						AGGREGATE	\$			
	DED		RETENTION \$					\$			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC-0289833-00	01/01/2018	01/01/2019	X	PER STATUTE	X	OT-HER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
D	Auto-WC Excess Liab			NHA082581	04/01/2018	04/01/2019	Occ/Agg		2,000,000		

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

CERTIFICATE HOLDER**CANCELLATION**

Specimen - Auto & Work Comp Excess
For Purposes of Evidencing
Coverage Only

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

Justin Venkatsammy