



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

	or come rigine to the continuate helder in hea c	ouen endereement(e)						
PRODUCER License # 9545	553	CONTACT Sue Nisoff						
AssuredPartners of Ohio 3900 Kinross Lakes Park			o): (440) 356-2126					
Richfield, OH 44286	way #300	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com						
		INSURER(S) AFFORDING COVERAGE	NAIC #					
		INSURER A : Beazley Insurance Company, Inc	37540					
INSURED		INSURER B : Zurich American Ins. Co.	16535					
	eletal Transplant Foundation	INSURER C: Landmark American Insurance Compa	any 33138					
BioCon, Inc 125 May Sti		INSURER D:						
	08837-9947	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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	Х	****	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
	GEN X	POLICY POLICY LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AUT	OTHER:						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
С	Х	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	EACH OCCURRENCE	\$	
		DED X RETENTION\$ 0	-			17 17 2022	17 17 20 20	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	AND ANY	RKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE CHARACTER	\$	1,000,000
	If yes	CER/MEMBER EXCLUDED? Idatory in NH) s, describe under	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$.,,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Prod.-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

36 Valley View, LLC is an additional insured as required by written contract under the Commercial General Liability only coverage to the extent provided per the terms and conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION
36 Valley View, LLC 100 Baltimore Drive Wilkes Barre, PA 18702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Wilkes Balle, FA 10702	AUTHORIZED REPRESENTATIVE





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	his certificate does not confer rights to DDUCER License # 954553					Sue Niso				
	suredPartners of Ohio, LLC				NAME: PHONE (A/C, No, Ext): (440) 895-6550			FAX	(440)	250 2420
390	0 Kinross Lakes Parkway #300				(A/C, No,	Ext): (440) 8	95-6550	(A/C, No):	(440)	356-2126
Ric	hfield, OH 44286				ADDRESS			dpartners.com		1
								RDING COVERAGE		NAIC #
								Company, Inc		37540
INSU	URED	_			INSURER	в:Zurich A	American Ir	ns. Co.		16535
	Musculoskeletal Transplant BioCon, Inc.	Foui	ndati	on	INSURER	C:				
	125 May Street				INSURER	D:				
Edison, NJ 08837-9947					INSURER	E:				
					INSURER	F:				
CO	OVERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF AN DED BY BEEN RE	IY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESPECT 1	O ALL	WHICH THIS
LTR		INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	10,000,000
Α	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	X		W148A6220901		1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	10,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	10,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			BAP6011025-01		4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(i di doddent)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							AGGREGATE	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER	J J	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WC-0289833-04		1/1/2022	1/1/2023			1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL 36 Valley View Drive, Jessup, PA 18434	ES (ACORE	0 101, Additional Remarks Schedu	le, may be	attached if more	e space is requir	ed)		
	•			•						
36 V	/alley View, LLC is an additional insured	as r	equir	ed by written contract und	er the G	eneral Liabil	ity as per the	terms and conditions of	the po	olicy.
	lerwriters are endorsing General Liability ditions of the General Liability policy.	y to p	orovi	de 30 days written notice to	o the add	litional insui	red as require	ed by written contract as	per th	e terms and
COII	unions of the General Liability policy.									
CE	RTIFICATE HOLDER				CANCE	LLATION				
								ESCRIBED POLICIES BE C		
	36 Valley View, LLC							EREOF, NOTICE WILL BY PROVISIONS.	RE DI	LIVERED IN
			_	-						

ACORD 25 (2016/03)

100 Baltimore Drive Wilkes-Barre, PA 18702

c/o Mericle Commercial Real Estae Services

AUTHORIZED REPRESENTATIVE





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PRODUCER License # 954553	CONTACT Sue Nisoff				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)) 356-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Beazley Insurance Company, Inc				
INSURED	INSURER B: Zurich American Ins. Co.	16535			
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138			
BioCon, Inc. 125 May Street	INSURER D:				
Edison, NJ 08837-9947	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH I						
INSR LTR		ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD II		(11111)	(MM) DO TO TO TO	EACH OCCURRENCE	\$ 10,000,000
	X CLAIMS-MADE OCCUR	Х	W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 10,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 10,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
С	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	X EXCESS LIAB X CLAIMS-MADE		LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$
	DED X RETENTION \$ 0					Term Aggr(CPRG)	\$ 10,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Cyber Liability		V2C30D210201	8/8/2021	8/8/2022		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Coverage for all Operations being performed for MTF located at 425 Raritan Center Parkway, Edison, NJ 08837. The Building Manager, SAI Management LLC, is listed as an additional insureds on the General Liability as required by written contract as per the Terms & Conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION
375/425 RCP Associates, LP Attn: Melissa Cortese Raritan Plaza I,Raritan Center	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Edison, NJ 08818	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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tn	is certificate does not confer rights t	o the	certi	ificate holder in lieu of su	ıch end	lorsement(s)	· .	•			statement on
	DUCER License # 954553				CONTACT Sue Nisoff						
	uredPartners of Ohio, LLC Kinross Lakes Parkway #300				PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 356-2126						
	field, OH 44286				E-MAIL ADDRE	_{ss:} sue.niso	ff@assure	dpartners.com	n		_
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Beazley	/ Insurance	Company, In	С		37540
INSU	RED				INSURE	R B : Zurich	American I	ns. Co.			16535
	Musculoskeletal Transplant	Four	ndatio	on	INSURE	R C :					
	BioCon, Inc. 125 May Street				INSURER D :						
	Edison, NJ 08837-9947				INSURE	RE:					
					INSURE	RF:					
COV	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:		
INI CE	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHEI IES DESCRIE	R DOCUMENT WITE BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY					, ,	· · · · · · · · · · · · · · · · · · ·	EACH OCCURREN	CE	\$	10,000,000
	X CLAIMS-MADE OCCUR			W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	
}								MED EXP (Any one	person)	\$	Included
-								PERSONAL & ADV		\$	10,000,000
ŀ	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- LOC							GENERAL AGGREG		\$	10,000,000
ŀ	JECI							PRODUCTS - COM	P/OP AGG	\$	10,000,000
В	OTHER:							COMBINED SINGLE	E LIMIT	\$	1,000,000
_	X ANY AUTO			BAP6011025-01		4/1/2021	4/1/2022	(Ea accident)		\$	-,,,,,,,,
ŀ	OWNED AUTOS ONLY SCHEDULED AUTOS			DAI 0011025-01		4/1/2021	4/1/2022	BODILY INJURY (P	•	\$	
ŀ	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	er accident) GE	\$	
ŀ	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE.	\$	
İ	EXCESS LIAB CLAIMS-MADE							AGGREGATE	OL	\$	
Ì	DED RETENTION \$							AGGREGATE		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	Ψ	
				WC-0289833-04		1/1/2022	1/1/2023	E.L. EACH ACCIDE		\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		\$	1,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)			
CER	RTIFICATE HOLDER				CANO	ELLATION					
					SHO	ULD ANY OF	THE AROVE D	ESCRIBED POLIC	CIES BE C	ANCE	LLED BEFORE
	Advanced Surgical Institute 556 Egg Harbor Road, Suite	В			THE	EXPIRATION	N DATE TH	HEREOF, NOTICI CY PROVISIONS.			
Sewell, NJ 08080				AUTHORIZED REPRESENTATIVE							





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Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
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Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138
BioCon, Inc. 125 May Street	INSURER D:	
Edison, NJ 08837-9947	INSURER E:	
	INSURER F:	

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	GEN'L AGGREGATE LIM	IIT ADDI IES DED-						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X POLICY PRI							PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AUTOMOBILE LIABILITY X ANY AUTO				BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
	OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	
	X EXCESS LIAB	X CLAIMS-MADE	_		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WORKERS COMPENSAT AND EMPLOYERS' LIAB ANY PROPRIETOR/PART	TION LITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFFICER/MEMBER EXCL (Mandatory in NH) If yes, describe under	UDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000 1,000,000
	DÉSCRIPTION OF OPER	A HONS below						E.L. DISEASE - POLICY LIMIT	\$	-,,

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\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.
Trade Center and Affinity Property Management, Inc. are listed as additional insured under the General Liability as required by written contract as per the terms & conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION
Affinity Property Management, Inc. 1442 E. Lincoln Ave., #358 Orange, CA 92865	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Orange, CA 32003	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)



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tine continuate account to the righte to the continuate helder in hea or ex	2011 01140100111(0)1				
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Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	1			
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INSURED	INSURER B : Zurich American Ins. Co.		16535		
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance (Company	33138		
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Edison, NJ 08837-9947	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.

X	TYPE OF INSURANCE	ADDL	SUBR		DOLLOW FEE	POLICY EXP			
X			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY				······	,	EACH OCCURRENCE	\$	10,000,000
	X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	Included
GEN							GENERAL AGGREGATE	\$	10,000,000
X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
X	7.			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
	DED X RETENTION\$. ,	\$	10,000,000
WOR	EMPLOYERS' LIARILITY						X PER OTH- STATUTE ER		
	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	II., A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	X X X WOI ANE Mai f ve	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB DED X RETENTION \$ ONORKERS COMPENSATION NND EMPLOYEES LIABILITY NND EMPLOYEES LIABILITY OFFICER/MEMBER EXCLUDED? Mandatory in NH) OFFICER/MEMBER EXCLUDED?	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0 NORKERS COMPENSATION Y/N NOT EMPLOYERS' LIABILITY NOT EMPLOYER	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONL	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY LHZ793572 LHZ793572 1/1/2022 NORKERS COMPENSATION ND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? MANDATORY MANDA	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION\$ NORKERS COMPENSATION NND EMPLOYERS' LIABILITY UNY PROPRIETOR/PRATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A WC-0289833-04 1/1/2022 1/1/2023	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERERS COMPENSATION NON-OWNED AUTOS ONLY AUTOS ONLY WC-0289833-04 AUTOS ONLY A	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS O

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: AAOS Annual Meeting - March 16-27,2022

TEL 70 TO 7 TIME AND THE TO 21,2022

American Academy of Orthopaedic Surgeons and McCormick Place are Additional Insureds as required by written contract in conjunction of our insured's operations for General Liability only as per the terms and conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION

American Academy of Orthopaedic Surgeons San Diego Convention Center 111 W. Harbor Drive San Diego, CA 92101 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

Denne Ibol straw





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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.

lf th	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject s certificate does not confer rights to	t to	the	terms and conditions of the tight to the terms and conditions of the terms and the terms and the terms and the terms and the terms are the ter	he pol	licy, certain ¡ lorsement(s)	oolicies may			
PROD	PRODUCER License # 954553					CT Sue Nisc	off			
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300				PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 356-2126						
Richfield, OH 44286					E-MAIL ADDRES	_{ss:} sue.niso	ff@assured	lpartners.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	R A : Beazley	Insurance	Company, Inc		37540
INSU	RED				INSURE	R в : Zurich	American Ir	ns. Co.		16535
	Musculoskeletal Transplant	Four	ndatio	on	INSURE	RC:				
BioCon, Inc. 125 May Street					INSURER D:					
	Edison, NJ 08837-9947				INSURER E :					
					INSURER F:					
CO	'ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN Ce	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESPE	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,	, ,	EACH OCCURRENCE	\$	10,000,000		
	X CLAIMS-MADE OCCUR	X		W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	OFNII ACCRECATE LIMIT APPLIES DED.							OFNEDAL AGODEGATE	•	10,000,000

LTR	I TPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	10,000,000
	X CLAIMS-MADE OCCUR	X		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 292 Washington Avenue Extension, Albany, NY 12203

Anderson Holdings, LLC and The Anderson Group, LLC are Additional Insureds under the General Liability as required by written contract per the terms and conditions of the policy. The General Liability coverage is primary and non-contributory as required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION
Anderson Holdings, LLC The Anderson Group, LLC 125 Wolf Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Albany, NY 12205	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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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).

tł	nis ce	rtificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DUCER	License # 954553				CONTA NAME:	CT Sue Nisc	off				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300 Richfield, OH 44286			PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 356-2126					356-2126				
			E-MAIL	ss. sue.niso	ff@assure	dpartners.con	n	. ,				
		•				7,55,11			RDING COVERAGE			NAIC#
						INSURE	RA: Zurich	` '				16535
INSURED Musculoskeletal Transplant Foundation					INSURE							
					INSURE							
ı	BioCon, Inc. 125 May Street Edison. NJ 08837-9947						R D :					
ı							RE:					
						INSURE						
CO	VFR	AGES CER	TIFI	CATE	NUMBER:	INCORE			REVISION NUI	MRFR.		
		S TO CERTIFY THAT THE POLICIE				HAVE B	EEN ISSUED 1				HE PO	LICY PERIOD
١N	IDICA	TED. NOTWITHSTANDING ANY R	EQU	IREMI	ENT, TERM OR CONDITIO	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WI	TH RESPE	CT TO	WHICH THIS
C	ERTIF XCLU!	FICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH	PER	TAIN,	THE INSURANCE AFFOR	DED B	Y THE POLICI	IES DESCRIB PAID CLAIMS	BED HEREIN IS S	UBJECT T	O ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	DLLINI	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	'e	
LTR	1 1	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
		CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED .	\$	
		CEAINIO-INIADE COCOR									\$	
									MED EXP (Any one	•	\$	
									PERSONAL & ADV		\$	
		L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							GENERAL AGGRE		\$	
									PRODUCTS - COM	P/OP AGG	\$	
Α		OTHER:							COMBINED SINGL	E LIMIT	\$	1,000,000
^	· ·	OMOBILE LIABILITY			BAP6011025-01		4/1/2021	4/1/2022	(Ea accident)		\$	1,000,000
		ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS	X		DAF0011025-01		4/1/2021	4/1/2022	BODILY INJURY (P	•	\$	
									PROPERTY DAMA (Per accident)	<u>'er accident)</u> GE	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$	
		UMARRELLA LIAR									\$	
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	CE	\$	
									AGGREGATE		\$	
	-	DED RETENTION \$ KERS COMPENSATION							PER STATUTE	OTH- ER	\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N									_	
	OFFIC	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	If yes,	describe under							E.L. DISEASE - EA		·	
	DESC	RIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
as re Phys	equire sical I	on of operations / Locations / Vehicl ement No. 49004 - Any and all ve ed by contract: 2018 Ford Van, vin Damage - Comprehensive Deducti merica Leasing & Capital, LLC, its	ı # 1F ble a	TYE1	IZM9JKA42771 - Cost: \$23 eduled on policy \$1,000 &	,898. Collisi	on Deductible	\$1,000 .				
		vith respect to Automobile policy.							,			
CE	RTIFI	CATE HOLDER				CAN	CELLATION					
		Banc of America Leasing & successors and assigns as P.O. Box 4431	•		•	THE	EXPIRATION	N DATE TH	ESCRIBED POLIC IEREOF, NOTIC CY PROVISIONS.			
	P.O. Box 4431 Atlanta. GA 30302-4431					AUTHORIZED REPRESENTATIVE						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Beazley Insurance Company, Inc	37540				
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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X	TYPE OF INSURANCE	ADDL	SUBR		DOLLOW FEE	POLICY EXP			
X			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY				······	,	EACH OCCURRENCE	\$	10,000,000
	X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	Included
GEN							GENERAL AGGREGATE	\$	10,000,000
X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
X	7.			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
	DED X RETENTION\$. ,	\$	10,000,000
WOR	EMPLOYERS' LIARILITY						X PER OTH- STATUTE ER		
	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	II., A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	X X X WOI ANE Mai f ve	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB DED X RETENTION \$ ONORKERS COMPENSATION NND EMPLOYEES LIABILITY NND EMPLOYEES LIABILITY OFFICER/MEMBER EXCLUDED? Mandatory in NH) OFFICER/MEMBER EXCLUDED?	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0 NORKERS COMPENSATION Y/N NOT EMPLOYERS' LIABILITY NOT EMPLOYER	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONL	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY LHZ793572 LHZ793572 1/1/2022 NORKERS COMPENSATION ND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? MANDATORY MANDA	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION\$ NORKERS COMPENSATION NND EMPLOYERS' LIABILITY UNY PROPRIETOR/PRATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A WC-0289833-04 1/1/2022 1/1/2023	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERERS COMPENSATION NON-OWNED AUTOS ONLY AUTOS ONLY WC-0289833-04 AUTOS ONLY A	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS O

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark. RE: Loan Identifier: 3149951

Bank of America, NA is listed as Additional Insured under General Liability only as required by written contract as per the terms & conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION

Bank of America, N.A., its Successors and/or Assigns Insurance Division Mail Code: NC1-001-05-13 101 North Tryon St. Charlotte, NC 28255-0001 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

New JoH Strew





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)	356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A : Beazley Insurance Company, Inc	37540				
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 1

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Ā	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included 10,000,000
	X	NL AGGREGATE LIMIT APPLIES PER: POLICY PROLICY LOC OTHER:						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AU ¹	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED AUTOS ONLY SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	Ť	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFF (Mai	ICER/MEMBER EXCLUDED? Indatory in NH) Icer, describe under	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000 1,000,000
	DES	ČRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$.,,300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.
RE: Reference Number: 6700

Baptist Health South Florida, Inc., all entities, affiliates, subsidiaries, officers, trustees, directors, agents and employees are listed as Additional Insureds for Commercial General Liability only coverage to the extent provided on the attached forms #E00983 and #E03340.

CERTIFICATE HOLDER	CANCELLATION
Baptist Health South Florida Insurance Compliance PO Box 100085 - ZQ	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Duluth, GA 30096	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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)

ting destinate does not donier rights to the destinate holder in hea or se	ion chaorsement(s).			
PRODUCER License # 954553	CONTACT Sue Nisoff			
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, N	No): (440) 356-2126		
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com			
	INSURER(S) AFFORDING COVERAGE			
	INSURER A: Beazley Insurance Company, Inc			
INSURED	INSURER B : Zurich American Ins. Co.	16535		
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Comp	oany 33138		
BioCon, Inc. 125 May Street	INSURER D:			
Edison, NJ 08837-9947	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED			

CERTIFICATE 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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	,,,,,	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	X	TOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	X	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	EACH OCCURRENCE AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	ANY	RKERS COMPENSATION I EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- E.L. EACH ACCIDENT	\$	1,000,000
	If ye	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION

Baptist Health System, Inc 1130 22nd St South 1000 Ridge Park Place Birmingham, AL 35205

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Beazley Insurance Company, Inc	37540				
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company					
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	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						

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	SUBR WVD		POLICY EFF	POLICY EXP		s	
A	Χ	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	INSD	WVD			(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED	\$	10,000,000
		CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	_	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AUT	OTHER: OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO OWNED SCHEDULED			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)	\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			14/0 0000000 04	4/4/0000	4/4/0000	X PER OTH- STATUTE ER		4 000 000
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	If ves	s, describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	ĆRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	l									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Baycare Health System 2985 Drew Street Clearwater, FL 33759	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Glear water, 1 E 33733	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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.

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PRODUCER License # 954553	CONTACT Sue Nisoff				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440) 3	356-2126		
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	1			
	INSURER(S) AFFORDING COVERAGE INSURER A: Beazley Insurance Company, Inc				
INSURED	INSURER B : Zurich American Ins. Co.				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance (Company	33138		
BioCon, Inc. 125 May Street	INSURER D:				
Edison, NJ 08837-9947	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.

		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD	,,,,		(MINICO)	(MINIOD) TTTT	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	Х	X	W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		X	BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR PACTURE Y/N	N/A	X	WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	III, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Cyk	per Liability			V2C30D210201	8/8/2021	8/8/2022			
				1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Baylor Scott & White Health is additional insured as required by written contract under the General Liability only per Form E03340. Primary and non-contributory and waiver of subrogation applied in favor of Baylor Scott & White Health as required by written contract under the General Liability only as per Form E03340. Waiver of Subrogation in favor of additional insured as required under written contract under the Business Auto Liability and Workers Compensation policies as per the terms and conditions of the policies.

CERTIFICATE HOLDER	CANCELLATION				
Baylor Scott & White Health c/o Sourcing 301 N. Washington Ave.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Dallas, TX 75246	AUTHORIZED REPRESENTATIVE				
	Jenne Ley strigg				

Effective date of this Endorsement: 01-Jan-2021
This Endorsement is attached to and forms a part of Policy Number: W148A6210801
Syndicate 2623/623 at Lloyd's referred to in this endorsement as either the "Insurer" or the "Underwriters"

<u>BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY</u> (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, A. 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- 1. The **Claim** against the Additional Insured seeks damages for which the **Insured** has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - Conduct and control the defense of the Additional Insured in such Claim. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	CONTACT Sue Nisoff				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)) 356-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com				
	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Beazley Insurance Company, Inc				
INSURED	INSURER B: Zurich American Ins. Co.	16535			
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138			
BioCon, Inc. 125 May Street	INSURER D:				
Edison, NJ 08837-9947	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	WVD	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
İ	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC						GENERAL AGGREGATE	\$	10,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$, ,
В	AU1	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED SCHEDULED AUTOS			DAI 0011020 01	4/1/2021	47 172022	BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
С		UMBRELLA LIAB OCCUR			1.117700570	4/4/0000	4/4/0000	EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER		4 000 000
	ANY OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0269633-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

BIYODINAMIK Dis Tic. Ltd. Sti Bahcelievler Mah. Iskender Fahrettin Sok. No:11/A 34180 Bahcelievler - ISTANBUL / TURKEY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTH	ORIZED	REPRESENTATIVE
()	~ 1	

Jenn JoH stryw





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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)

	s not come rights to the certificate noider in hea or	Sacri chachschich (S):		
PRODUCER License # 9	54553	CONTACT Sue Nisoff		
AssuredPartners of O 3900 Kinross Lakes P		PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440)	356-2126
Richfield, OH 44286	airway #300	E-MAIL ADDRESS: sue.nisoff@assuredpartners.co	m	
		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A : Beazley Insurance Company,	nc	37540
INSURED		INSURER B : Zurich American Ins. Co.		16535
	skeletal Transplant Foundation	INSURER C: Landmark American Insurance	33138	
BioCon, 125 May		INSURER D :		
	NJ 08837-9947	INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION N	JMBER:	

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	WVD	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
İ	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC						GENERAL AGGREGATE	\$	10,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$, ,
В	AU1	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED SCHEDULED AUTOS			DAI 0011020 01	4/1/2021	47 172022	BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
С		UMBRELLA LIAB OCCUR			1.117700570	4/4/0000	4/4/0000	EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER		4 000 000
	ANY OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0269633-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Broward Health 1800 NW 49 Street Fort Lauderdale, FL 33309	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Fort Lauderdale, FL 33309	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

th	is c	BROGATION IS WAIVED, s ertificate does not confer rig							require an endorsemen	t. Ast	atement on
PRO	DUCE	R License # 954553				CONTA NAME:	CT Sue Nisc	off			
				BUIGNE			FAX (A/C, No):	(440)	356-2126		
Rich	field	d, OH 44286				E-MAIL ADDRE	_{ss:} sue.niso	ff@assured	partners.com		
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Beazley	/ Insurance	Company, Inc		37540
INSU	RED					INSURE	R в : Zurich	American Ir	ns. Co.		16535
		Musculoskeletal Transp	plant Found	datio	on	INSURER C: Landmark American Insurance Company				y	33138
		BioCon, Inc. 125 May Street				INSURE	RD:				
		Edison, NJ 08837-9947				INSURE	RE:				
						INSURE	RF:				
CO	VER	AGES	CERTIFIC	ATE	NUMBER:				REVISION NUMBER: 1		
IN CI E)	IDIC <i>A</i> ERTI XCLL	S TO CERTIFY THAT THE PO ATED. NOTWITHSTANDING A FICATE MAY BE ISSUED OR JSIONS AND CONDITIONS OF S	NY REQUIR MAY PERT UCH POLIC	EME AIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRACT	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL S	UBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			·		,	,	EACH OCCURRENCE	\$	10,000,000

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	X		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		·								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

General Liability coverage only applies on a primary and non-contributory basis for work performed by the insured for Cedars-Sinai Medical Center as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Cedars-Sinai Medical Center 8700 Beverly Blvd, Los Angeles, CA 90048	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Los Aligeles, OA 30040	AUTHORIZED REPRESENTATIVE

From: Patel, Tejal S

Sent: 15 Mar 2019 14:35:45 +0000

To: Sue Nisoff

Subject: Fwd: [External] RE: FW: URGENT -- MTF COI {129432}

Please see below.

ΤJ

Get Outlook for Android

From: symplr Credentialing support <support@symplr.com>

Sent: Friday, March 15, 2019 5:15:24 AM

To: Patel, Tejal S

Subject: [External] RE: FW: URGENT -- MTF COI {129432}

--reply above this line--

Hello Ray,

Thank you for your email. The document has been approved in the individual's account.

Please let me know if I can be of further assistance.

Thank You, symplr Support Team 866-373-9725 Option 1

https://support.symplr.com/Ticket/129432

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

approval of the MTF COI

Ray Rennebaum
Associate Director, Purchasing/Supply Chain
rennebaum@cshs.org

CEDARS-SINAI

6500 Wilshire Blvd., Suite 650: Los Angeles CA 90048

Office 323.866.8787 (M-F, 7:30am-5:00pm, PST) : Fax 323.866.8888 : cedars-sinai.edu

From: Patel, Tejal S

Sent: Thursday, March 14, 2019 3:24 PM

To: Rennebaum, Ray <Ray.Rennebaum@cshs.org>

Cc: Dekermendjian, Loucy <Loucy.Dekermendjian@cshs.org>; jean evans@mtf.org

Subject: URGENT -- MTF COI

Importance: High

Hello Ray,

I am sure Loucy has kept you in the loop as to the MTF certificate approval that has been pending since January, but wanted to provide one more piece of intel from Symplr:

When Jean and I called their office, we were told that you were the only one that can override the Symplr tool which is refusing to accept the COI that was provided because of language differences. I have reviewed the language differences and can confirm that we can accept the COI as it was provided without any changes.

To accept the certificate, the Symplr contact asked that you (Ray) send an email to support@symplr.com noting "approval of the MTF COI."

Please let us know once that has been completed or feel free to copy us on the email request to Symplr. If I can provide additional support, do not hesitate to reach out.

Sincerely,

TJ

Tejal Patel, Esq. Risk Management tejal.patel@cshs.org

CEDARS-SINAI

8700 Beverly Blvd., TSB Suite 130 : Los Angeles, CA 90048 Office 310.423.5935 : Fax 310.423.0164 : cedars-sinai.edu

THIS ELECTRONIC MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY REPLY E-MAIL OR BY TELEPHONE AT (310) 423-5935, AND DESTROY THE ORIGINAL TRANSMISSION AND ITS ATTACHMENTS WITHOUT READING OR SAVING THEM TO DISK. THANK YOU.

From: Patel, Tejal S

Sent: Thursday, March 14, 2019 1:39 PM

To: Dekermendjian, Loucy <Loucy.Dekermendjian@cshs.org>; Rennebaum, Ray

<Ray.Rennebaum@cshs.org>

Subject: RE: Documents for call at 11 re: COI fom

Importance: High

Hello Loucy and Ray,

This certificate approval is required before the end of the day as the procedure is tomorrow and the representative from this vendor must be allowed into the procedure room.

I have also tried to contact Simplr but was put on hold for a long time and then someone took my number and said they would call me back but they haven't yet.

Might you have a direct contact at Simplr or have an idea about who we can speak with to allow this override?

TJ
Tejal Patel, Esq.
Risk Management
tejal.patel@cshs.org

CEDARS-SINAI

8700 Beverly Blvd., TSB Suite 130 : Los Angeles, CA 90048 Office 310.423.5935 : Fax 310.423.0164 : cedars-sinai.edu

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From: Dekermendjian, Loucy

Sent: Thursday, March 14, 2019 10:42 AM **To:** Patel, Tejal S < Tejal.Patel@cshs.org>

Cc: Rennebaum, Ray < Ray.Rennebaum@cshs.org > **Subject:** RE: Documents for call at 11 re: COI fom

Thanks

From: Patel, Tejal S

Sent: Thursday, March 14, 2019 10:39 AM

To: Dekermendjian, Loucy < Loucy. Dekermendjian@cshs.org >

Cc: Rennebaum, Ray < <u>Ray.Rennebaum@cshs.org</u>> **Subject:** Documents for call at 11 re: COI fom

Hello Loucy,

Per our brief conversation, I would like to discuss the attached fax with Ray as it pertains to the adequacy of a vendor certificate. I believe this has to do with the Musculoskeletal Transplant Foundation/BioCon, Inc and Symplar's refusal to accept the COI provided. The alternate language they have provided is very similar to the language requested and I think we should be able to approve the COI.

Looking forward to speaking with Ray.

Thank you for making the arrangements Loucy.

TJ
Tejal Patel, Esq.
Risk Management
tejal.patel@cshs.org

CEDARS-SINAI

8700 Beverly Blvd., TSB Suite 130 : Los Angeles, CA 90048 Office 310.423.5935 : Fax 310.423.0164 : cedars-sinai.edu

THIS ELECTRONIC MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY REPLY E-MAIL OR BY TELEPHONE AT (310) 423-5935, AND DESTROY THE ORIGINAL TRANSMISSION AND ITS ATTACHMENTS WITHOUT READING OR SAVING THEM TO DISK. THANK YOU.

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Research / Insurance | In Process | High priority NOTE: When replying to this email please leave the subject-line intact.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	onter rights to the certificate holder in lieu	of such endorsement(s).		
PRODUCER License # 954553		CONTACT Sue Nisoff		
AssuredPartners of Ohio, L 3900 Kinross Lakes Parkwa	LC v #300	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440	0) 356-2126
Richfield, OH 44286	y #300	E-MAIL ADDRESS: sue.nisoff@assuredpartne	rs.com	
		INSURER(S) AFFORDING COV	ERAGE	NAIC #
		INSURER A : Beazley Insurance Compa	37540	
INSURED		INSURER B : Zurich American Ins. Co.		16535
INSURED Musculoskeletal Transplant Foundation BioCon, Inc.	al Transplant Foundation	INSURER C:		
125 May Street	•	INSURER D:		
Edison, NJ 088		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISIO	ON NUMBER:	
TING 10 TO GERTIEN TINE				

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INSR		TYPE OF INCURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	1 1841	
LTR A	х	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	10,000,000
_ ^	^	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 10,000,000
		X CLAIMS-MADE OCCUR	X		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$ Included
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 10,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 10,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	idatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City and County of San Francisco, its officers, employees and agents are Additional Insureds as required by written contract under the Commercial General
Liability coverage only to the extent provided on the attached forms #E00983 and #E03340; and for Business Auto Liability, as required by written contract per
the terms & conditions of the policy. Notice of Cancellation is 30 days as required by written contract under the General Liability policy.

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

City and County of San Francisco Department of Public Health Zuckerberg San Francisco General Hospital attn: Materials Management - 1001 Potrero Avenue San Francisco, CA 94110 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

Denni Akal Jen Gal

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Beazley Insurance Company, Inc	37540
INSURED	INSURER B : Zurich American Ins. Co.	16535
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138
BioCon, Inc. 125 May Street	INSURER D:	
Edison, NJ 08837-9947	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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Ā	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included 10,000,000
	X	NL AGGREGATE LIMIT APPLIES PER: POLICY PROLICY LOC OTHER:						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AU ¹	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED AUTOS ONLY SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	Ť	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFF (Mai	ICER/MEMBER EXCLUDED? Indatory in NH) Icer, describe under	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000 1,000,000
	DES	ČRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$.,,300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

The County of Middlesex, its officers, officials, employees, and volunteers are Additional Insured as required by written contract for Commercial General Liability only coverage to the extent provided on the attached forms #E00983 and #E03340.

CERTIFICATE HOLDER	CANCELLATION

County of Middlesex Department of Parks and Recreation P.O. Box 661 New Brunswick, NJ 08903 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

Jenn JoH stryw

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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 comer rights to the certificate holder in hea or	such chaorsement(s).				
PRODUCER License # 954553	CONTACT Sue Nisoff				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)) 356-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Beazley Insurance Company, Inc	37540			
INSURED	INSURER B : Zurich American Ins. Co.	16535			
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company				
BioCon, Inc. 125 May Street	INSURER D:				
Edison, NJ 08837-9947	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	PEVISION 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included 10,000,000
	X	NL AGGREGATE LIMIT APPLIES PER: POLICY PROLICY LOC OTHER:						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AU1	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFF (Mar	ICER/MEMBER EXCLUDED? Indatory in NH) Icer, describe under	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000 1,000,000
	DES	ČRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$,,,,,,,,,,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

E3 Marketing Consultants, LLC and Independent Distributors is an Additional Insured with respect to the General Liability Coverage only per the attached Additional Insured - Vendors endorsement"

CERTIFICATE HOLDER	CANCELLATION
E3 Marketing Consultants, LLC 54 Turtleback Road Califon, NJ 07830	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Califori, No 07030	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Beazley Insurance Company, Inc	37540
INSURED	INSURER B : Zurich American Ins. Co.	16535
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138
BioCon, Inc. 125 May Street	INSURER D:	
Edison, NJ 08837-9947	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			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X c	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	IIIOD	*****	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
	X	AGGREGATE LIMIT APPLIES PER: OLICY PRO- DECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AUTO	NTHER: MOBILE LIABILITY NY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
	C A	WYNED SCHEDULED AUTOS ONLY IRED NON-OWNED AUTOS ONLY AUTOS ONLY			DAI 0011023-01	47 172021	4/1/2022	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	_	
С		MBRELLA LIAB OCCUR							\$	
	ΧE	XCESS LIAB X CLAIMS-MADE ED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WORKI AND EI	REP COMPENSATION WPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFFICE (Manda	R/MEMBER EXCLUDED? Itory in NH) describe under	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		1,000,000
Α		r Liability			V2C30D210201	8/8/2021	8/8/2022	E.L. DISEASE - POLICY LIMIT	\$.,300,000

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

CERTIFICATE HOLDER	CANCELLATION

Geisinger Medical Center Supply Chain Services 100 North Academy Avevnue Mail Code 25-50 Danville, PA 17822 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

Denn Ibo Strow





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

tl	SUBROGATION IS WAIVED, subjections of the subjection of the subject of the subjec				ıch end	lorsement(s).				
	uredPartners of Ohio, LLC				CONTACT Sue Nisoff NAME: PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No, Ext): (440) 356-2126					
3900 Kinross Lakes Parkway #300 Richfield, OH 44286					PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 356-212 E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					356-2126
						INS	URER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE	R A : Beazley	Insurance	Company, Inc		37540
INSU	JRED				INSURE	RB: Zurich	American I	ns. Co.		16535
	BioCon, Inc. Musculoskeletal Transplant	Earn	ndati	on	INSURE	RC:				
	125 May Street	rou	iluatio	OII	INSURE	RD:				
	Edison, NJ 08837-9947				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC 7 THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR			W148A6220901		1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	10,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	10,000,000
В	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
	X ANY AUTO			BAP6011025-01		4/1/2021	4/1/2022	(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS			2711 0011020 01		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., .,	BODILY INJURY (Per person)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Fel accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							AGGILGATE	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-	Ψ	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		WC-0289833-04			1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
	DESCRIPTION OF CHARACTER SON							2.2. 31027.02 T 02.0 T 2.11111		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if more	e space is requi	red)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Gift of Life Donor Program 401 N. Third Street				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL CY PROVISIONS.		
	Philadelphia, PA 19123-4101				AUTUC	DIZED DEDDECT	NIT A TIV/C			
					AUTHORIZED REPRESENTATIVE					





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

this certificate does not confer rights to the certificate	e holder in lieu of such endorsement(s).	n diadicomonii 71 diatomoni di					
PRODUCER License # 954553	CONTACT Sue Nisoff	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440) 356-2126					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners	s.com					
	INSURER(S) AFFORDING COVE	RAGE NAIC#					
	INSURER A: Beazley Insurance Compai	ny, Inc 37540					
INSURED	INSURER B : Zurich American Ins. Co.	16535					
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insura	ince Company 33138					
BioCon, Inc. 125 May Street	INSURER D:						
Edison, NJ 08837-9947	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUM	MBER: REVISION	N NUMBER:					
	ICE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME						
	FERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREI						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS		THE TERMO,					
INSR ADDL SUBR	POLICY NUMBER POLICY EFF POLICY EXP	LIMITO					

INSR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	·c	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s	10,000,000
		X CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		ICER/MEMBER EXCLUDED?	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Excess Liability - Landmark American Insurance Co - Pol# LHZ793572 - is excess of Professional/General Liability only.

CERTIFICATE HOLDER	CANCELLATION
Government Expo 7800 SW 139 Terrace Miami, FL 33158	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Miami, i E 33130	AUTHORIZED REPRESENTATIVE
	1 Journal of Sound





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

tł	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to the subject of the subje				ıch endo	rsement(s).	•	Toquito un onuoroomon		
	suredPartners of Ohio, LLC				CONTACT Sue Nisoff PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 356-2126					
3900 Kinross Lakes Parkway #300 Richfield, OH 44286					PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 356-212 E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					356-2126
	,				7.22.1.200			RDING COVERAGE		NAIC #
					INSURER			Company, Inc		37540
INSU	JRED						American Ir			16535
Musculoskeletal Transplant Foundation BioCon, Inc. 125 May Street						C:				
						D:				
	Edison, NJ 08837-9947				INSURER					
	,				INSURER					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER: 1		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF AN DED BY BEEN RE	Y CONTRAC	T OR OTHER ES DESCRIB	DOCUMENT WITH RESPEED HEREIN IS SUBJECT T	O ALL	O WHICH THIS
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	10,000,000
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$	10,000,000
	X CLAIMS-MADE OCCUR			W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	Included
								PERSONAL & ADV INJURY	\$	10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	10,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	10,000,000
В	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
Ь	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
	X ANY AUTO SCHEDULED			BAP6011025-01		4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
В	DED RETENTION \$							▼ PER OTH-	\$	
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC-0289833-04		1/1/2022	1/1/2023	↑ STATUTE ER		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		170 0200000 04		17172022	17172020	E.L. EACH ACCIDENT	\$	1,000,000
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
and	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Plaza Tower, LP,C/O Granite Properties waiver of subrogation applies as requir illity only is primary and noncontributor	ed by	/ writ	ten contract per the Gener	ral Liabili	ty coverage	only per the	terms and conditions of		
CE	RTIFICATE HOLDER				CANCE	LLATION				
Granite Properties, Inc. Attn: Risk Management 5601 Granite Parkway, Ste. 1200				THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL BY PROVISIONS.			

Plano, TX 75024

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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.

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this certificate does not comer rights to the certificate nor	ider in ned of such endorsement(s).	
PRODUCER License # 954553	CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 35	56-2126
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Beazley Insurance Company, Inc 3	37540
INSURED	INSURER B : Zurich American Ins. Co.	16535
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company 3	33138
BioCon, Inc. 125 May Street	INSURER D:	
Edison, NJ 08837-9947	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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	,,,,,	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	X	TOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	X	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	EACH OCCURRENCE AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	ANY	RKERS COMPENSATION I EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- E.L. EACH ACCIDENT	\$	1,000,000
	If ye	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
Green Security LLC 950A Union Rd. Suite 422	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

West Seneca, NY 14224



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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PRODUCER License # 954553	CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Beazley Insurance Company, Inc	37540
INSURED	INSURER B : Zurich American Ins. Co.	16535
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138
BioCon, Inc. 125 May Street	INSURER D:	
Edison, NJ 08837-9947	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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X	TYPE OF INSURANCE	ADDL	SUBR		DOLLOW FEE	POLICY EXP			
X			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY				······	,	EACH OCCURRENCE	\$	10,000,000
	X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	Included
GEN							GENERAL AGGREGATE	\$	10,000,000
X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
X	7.			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
	DED X RETENTION\$. ,	\$	10,000,000
WOR	EMPLOYERS' LIARILITY						X PER OTH- STATUTE ER		
	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	II., A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	X X X WOI ANE Mai f ve	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB DED X RETENTION \$ ONORKERS COMPENSATION NND EMPLOYEES LIABILITY NND EMPLOYEES LIABILITY OFFICER/MEMBER EXCLUDED? Mandatory in NH) OFFICER/MEMBER EXCLUDED?	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0 NORKERS COMPENSATION Y/N NOT EMPLOYERS' LIABILITY NOT EMPLOYER	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONL	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY LHZ793572 LHZ793572 1/1/2022 NORKERS COMPENSATION ND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? MANDATORY MANDA	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION\$ NORKERS COMPENSATION NND EMPLOYERS' LIABILITY UNY PROPRIETOR/PRATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A WC-0289833-04 1/1/2022 1/1/2023	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERAGE OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERAGE OCCUR X EXCESS LIAB X CLAIMS-MADE DED VORKERS COMPENSATION NAD EMPLOYERS' LIABILITY N/A WC-0289833-04 MYC-0289833-04 AUTOS ONLY AUTO	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS O

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Health Care Industry Representative (HCIR) is additional insured as required per written contract for General Liability only as per the terms & conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION

HCA- East Florida Division c/o All About Staffing, Inc. HCA/AAS 1000 Sawgrass Corporate Pkwy Sunrise, FL 33323 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

Jenn IbA strike





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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this certificate does not comer rights to the certificati	filologi ili liga di sacii giladiscilicit(s).	
PRODUCER License # 954553	CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (4/C, 440) 356-2126	
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Beazley Insurance Company, Inc	37540
INSURED	INSURER B: Zurich American Ins. Co.	16535
SURED Musculoskeletal Transplant Foundation BioCon, Inc.	INSURER C: Landmark American Insurance Company	y 33138
125 May Street	INSURER D:	
Edison, NJ 08837-9947	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUI	MBER: 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Ā	Х	X CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEN	VL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AU1	romobile Liability ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED AUTOS ONLY SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	Ť	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	1	RKERS COMPENSATION DEMPLOYERS' LIABILITY			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFF (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? In NH) s. describe under	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	ĆRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Hoag Memorial Hospital Purchasing Department 1 Hoag Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
New Port Beach, CA 92663	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

and commonte accent remains righte to an extension remains an income of							
PRODUCER License # 954553	CONTACT Sue Nisoff						
	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)						
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300 Richfield, OH 44286 INSURED Musculoskeletal Transplant Foundation BioCon, Inc.	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com						
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A: Beazley Insurance Company, Inc		37540				
INSURED	INSURER B: Zurich American Ins. Co.		16535				
• • • • • • • • • • • • • • • • • • •	INSURER C: Landmark American Insurance (Company	33138				
125 May Street	INSURER D:						
Edison, NJ 08837-9947	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 1

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.

		SIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD			<u> </u>	(MINUSSITE OF THE TENT	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	Х	X	W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	X	X	BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY F	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, DESC	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α		essional/General			W148A6220901	1/1/2022	1/1/2023	Fire Legal-Sublimit		250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability; Personal & Advertising Injury; Products Liability Policy includes Fire Legal Liability Sublimit of \$250,000 - Beazley Insurance Company, Inc.
(NAIC# 37540) - Policy # W148A6220901 - policy term 01/01/2022 to 01/01/2023 (refer to Commercial General Liability line above)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Houston Methodist Hospital System and its subsidiaries, officers, directors, trustees, employees, agents and affiliated companies are listed as additional insureds as required by written contract under the General Liability; Personal & Advertising Injury; Products Liability Policy as per the terms and conditions of the policy as it relates to the insured's work. The General Liability; Personal & Advertising Injury; Products Liability coverages apply on a primary and non-SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Houston Methodist Hospital System c/o symplr 315 Capitol Street, Suite 100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Houston, TX 77002	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY License # 95 AssuredPartners of Ohio, LLC POLICY NUMBER		NAMED INSURED Musculoskeletal Transplant Foundation BioCon, Inc. 125 May Street
SEE PAGE 1		Edison, NJ 08837-9947
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGF 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS	S FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25	FORM TITLE: Certificate of Liability Insurance	

Description of Operations/Locations/Vehicles:

contributory basis as permitted by law and waiver of subrogation is in favor of Houston Methodist Hospital System; as required by written contract as it relates to the Insured's work as per the terms and conditions of the policy. Underwriters will provide 30 days written notice to the additional insured as per the terms and conditions of the policy.

Houston Methodist Hospital System and its subsidiaries, officers, directors, trustees, employees, agents and affiliated companies are additional insureds as required by written contract under the Auto Liability per the terms and conditions of the policy. Waiver of subrogation in favor of Houston Methodist Hospital System and its subsidiaries, officers, directors, trustees, employees, agents and affiliated companies as required by written contract prior to a loss under the Auto Liability and Workers Compensation policies.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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PRODUCER License # 954553	CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Beazley Insurance Company, Inc	37540
INSURED	INSURER B : Zurich American Ins. Co.	16535
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138
BioCon, Inc. 125 May Street	INSURER D:	
Edison, NJ 08837-9947	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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X	TYPE OF INSURANCE	ADDL	SUBR		DOLLOW FEE	POLICY EXP			
X			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY				······	,	EACH OCCURRENCE	\$	10,000,000
	X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	Included
GEN							GENERAL AGGREGATE	\$	10,000,000
X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
X	7.			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
	DED X RETENTION\$. ,	\$	10,000,000
WOR	EMPLOYERS' LIARILITY						X PER OTH- STATUTE ER		
	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	II., A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	X X X WOI ANE Mai f ve	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB DED X RETENTION \$ ONORKERS COMPENSATION NND EMPLOYEES LIABILITY NND EMPLOYEES LIABILITY OFFICER/MEMBER EXCLUDED? Mandatory in NH) OFFICER/MEMBER EXCLUDED?	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0 NORKERS COMPENSATION Y/N NOT EMPLOYERS' LIABILITY NOT EMPLOYER	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONL	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY LHZ793572 LHZ793572 1/1/2022 NORKERS COMPENSATION ND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? MANDATORY MANDA	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION\$ NORKERS COMPENSATION NND EMPLOYERS' LIABILITY UNY PROPRIETOR/PRATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A WC-0289833-04 1/1/2022 1/1/2023	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERAGE OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERAGE OCCUR X EXCESS LIAB X CLAIMS-MADE DED VORKERS COMPENSATION NAD EMPLOYERS' LIABILITY N/A WC-0289833-04 MYC-0289833-04 AUTOS ONLY AUTO	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS O

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Certificate holder is an Additional Insured with respect to 1795A Orange Tree Lane Suite A Redlands, CA 92374 as required by written contract for General Liability only as per the terms & conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION

JD Property Management, Inc Trade Center I & II Carlton Browne & Bryne 3520-B Cadillac Avenue Costa Mesa, CA 92626 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

Jenns Jos strike





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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tl	his certificate does not confer rights to	the	cert	ificate holder in lieu of su	ine po ich end	lorsement(s)	ooncles may	require an end	iorsemen	t. A :	statement on
PRC	DDUCER License # 954553					CT Sue Nisc					
	suredPartners of Ohio, LLC	rtners of Ohio, LLC								356-2126	
	hfield, OH 44286				E-MAIL ADDRE	ss: sue.niso	ff@assure	dpartners.con	n		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Beazley	Insurance	Company, In	C		37540
			INSURE	RB:Zurich	American I	ns. Co.			16535		
Musculoskeletal Transplant Foundation				INSURE	RC:						
BioCon, Inc. 125 May Street						RD:					
Edison, NJ 08837-9947					INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NU	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURREN	ICE	\$	10,000,000
	X CLAIMS-MADE OCCUR	X		W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENT PREMISES (Ea occ	rED currence)	\$	
								MED EXP (Any one	,	\$	Included
								PERSONAL & ADV		\$	10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGRE		\$	10,000,000
	OTHER:							PRODUCTS - COM		\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000
	X ANY AUTO			BAP6011025-01		4/1/2021	4/1/2022	BODILY INJURY (P	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES RE:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL 3-A Chestnut Street, Albany, NY 12205	ES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
יםו	Notice Holdings III C is an additional inc				4 !		al I iabilitus as	- " the terms 0 -		-£ 41	
JP V	Nalter Holdings, LLC is an additional ins	urec	1 a5 1	equired by written contrac	ı ın resi	bect to Gener	ai Liability p	er the terms & C	onanions	OI LITE	policy.
CF	RTIFICATE HOLDER				CANO	ELLATION					
JP Walter Holdings, LLC 6 Jean Lane Albany, NY 12203					SHO THE	ULD ANY OF 1	N DATE TH	PESCRIBED POLIC HEREOF, NOTIC CY PROVISIONS.			
					AUTHORIZED REPRESENTATIVE						





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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this certificate does not confer rights to the certificate holder in lieu of s	such endorsement(s).	
PRODUCER License # 954553	CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)) 356-2126
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : Beazley Insurance Company, Inc	37540
INSURED	INSURER B : Zurich American Ins. Co.	16535
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138
BioCon, Inc. 125 May Street	INSURER D:	
Edison, NJ 08837-9947	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 P	OLICY PERIOD

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	WVD	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
İ	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC						GENERAL AGGREGATE	\$	10,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$, ,
В	AU1	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED SCHEDULED AUTOS			DAI 0011020 01	4/1/2021	47 172022	BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
С		UMBRELLA LIAB OCCUR			1.117700570	4/4/0000	4/4/0000	EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	•	4 000 000
	ANY OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0269633-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Jupiter Medical Center 1210 S. Old Dixie Highway Jupiter. FL 33458	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Supiter, FL 33436	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Beazley Insurance Company, Inc	37540
INSURED	INSURER B : Zurich American Ins. Co.	16535
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138
BioCon, Inc. 125 May Street	INSURER D:	
Edison, NJ 08837-9947	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.

		ISIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	IIIOD			(MINIO D) 1111)	(MINIOD) TTTT	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	X	X	W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	X	BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH- ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	, , , ,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

KPS, Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals and each of their affiliates are Additional Insureds for Commercial General Liability only coverage to the extent provided on the attached forms #E00983 and #E03340; and Business Auto Liability as required by written contract per the terms & conditions of the policy. Waiver of Subrogation is included as per the terms & conditions of the Business Auto Liability policy as required by written contract as per the terms and conditions of the policies.

CERTIFICATE HOLDER	CANCELLATION
Kaiser Foundation Health Plan, Inc 1800 Harrison St 18th Floor Oakland, CA 94612	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Canana, CA 34012	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Beazley Insurance Company, Inc					
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company					
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED.					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	,,,,,	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	X	TOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	X	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	EACH OCCURRENCE AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	ANY	RKERS COMPENSATION I EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- E.L. EACH ACCIDENT	\$	1,000,000
	If ye	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION

Kaleida Health Corporate Risk Management 726 Exchange St Suite 204 Buffalo, NY 14210 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

Jenne Lory struk





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	s not come rights to the certificate noider in hea or	Sacri chachschich (S).					
PRODUCER License # 9	54553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300		PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440)	356-2126			
Richfield, OH 44286	airway #300	E-MAIL ADDRESS: sue.nisoff@assuredpartners.co	m				
		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A : Beazley Insurance Company,	37540				
INSURED		INSURER B : Zurich American Ins. Co.		16535			
	skeletal Transplant Foundation	INSURER C: Landmark American Insurance	33138				
BioCon, 125 May		INSURER D :					
	NJ 08837-9947	INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION N	JMBER:				

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	WVD	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
İ	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC						GENERAL AGGREGATE	\$	10,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$, ,
В	AU1	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED SCHEDULED AUTOS			DAI 0011020 01	4/1/2021	47 172022	BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
С		UMBRELLA LIAB OCCUR			1.117700570	4/4/0000	4/4/0000	EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	•	4 000 000
	ANY OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0269633-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Lakewood Ranch Medical Center 8330 Lakewood Ranch Blvd Bradenton, FL 34202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Brademon, 1 E 34202	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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tł	his certificate does not confer rights to	the c	erti	ficate holder in lieu of su	ıch end	lorsement(s)		require an endo	orsemen	t. AS	tatement on
	DDUCER License # 954553				CONTA NAME:	CT Sue Nisc	off				
Ass	suredPartners of Ohio, LLC 0 Kinross Lakes Parkway #300				PHONE (A/C, No	o, Ext): (44U) 8	95-6550		FAX (A/C, No):	440)	356-2126
	hfield, OH 44286				E-MAIL ADDRESS: sue.nisoff@assuredpartners.com						
						INS	URER(S) AFFOR	DING COVERAGE			NAIC #
					INSURE	R A : Beazley	Insurance	Company, Inc	;		37540
INSU	JRED				INSURE	R в : Zurich /	American Ir	ıs. Co.			16535
	Stateline LLC Musculoskeletal Transplant F	Eauna	latic	on Inc	INSURE	RC:					
	125 May Street	round	auic	on, mc.	INSURE	RD:					
	Edison, NJ 08837-3264				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
IN C	HIS IS TO CERTIFY THAT THE POLICIE: NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUIR PERT <i>i</i>	EME AIN,	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WIT	H RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					· · · · · · · · · · · · · · · · · · ·	<u> </u>	EACH OCCURRENC	E	\$	10,000,000
	X CLAIMS-MADE OCCUR			W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	\$	
								MED EXP (Any one	person)	\$	Included
								PERSONAL & ADV I	NJURY	\$	10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	10,000,000
	X POLICY PRO-							PRODUCTS - COMP	P/OP AGG	\$	10,000,000
В	OTHER:							COMBINED SINGLE	LIMIT	\$	1.000.000
٦	X ANY AUTO			D A DC04400E 04		4/4/2024	4/4/0000	(Ea accident)		\$	1,000,000
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			BAP6011025-01		4/1/2021	4/1/2022	BODILY INJURY (Pe	•	\$	
								PROPERTY DAMAG (Per accident)	r accident) E	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$	
	LIMPRELLA LIAR GOOLIR								_	\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENC	E	\$	
	DED RETENTION\$							AGGREGATE		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	\$	
				WC-0289833-04		1/1/2022	1/1/2023	E.L. EACH ACCIDEN		\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		*	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	1,000,000
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLASE - FOL	ICT LIMIT	Ψ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD	101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	ed)	'		
CE	RTIFICATE HOLDER				CANO	ELLATION					
						=					
	Legacy of Life Hawaii 405 N. Kuakini Street, Suite 8	310			THE	EXPIRATION	N DATE TH	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
	Honolulu, HI 96817				AŲŢHO	RIZED REPRESEI	NTATIVE				





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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this certificate does not confer rights to the certificate holder in lieu of su	ch endorsement(s).					
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300		FAX (A/C, No): (440) 3	56-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	1				
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Beazley Insurance Company, Inc	c	37540			
INSURED	INSURER B : Zurich American Ins. Co.		16535			
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance (merican Insurance Company				
BioCon, Inc. 125 May Street	INSURER D:		1			
Edison, NJ 08837-9947	INSURER E :					
	INSURER F:		Į			
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	N OF ANY CONTRACT OR OTHER DOCUMENT WIT	TH RESPECT TO	WHICH THIS			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS $(MM/DD/YYYY) \mid (MM/DD/YYYY)$ 10,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) X CLAIMS-MADE OCCUR 1/1/2022 1/1/2023 W148A6220901 MED EXP (Any one person) Included PERSONAL & ADV INJURY 10,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 10,000,000 PRO-JECT X POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х ANY AUTO 4/1/2021 4/1/2022 BAP6011025-01 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY С **UMBRELLA LIAB OCCUR EACH OCCURRENCE** Χ LHZ793572 1/1/2022 1/1/2023 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE Term Aggr(CPRG) 10,000,000 0 DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT V2C30D210201 8/8/2021 8/8/2022 Cyber Liability

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Lions Eye Bank at Albany/Rochester 6 Executive Park Drive Albany, NY 12203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Albany, NT 12203	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)					
PRO	DUCER License # 954553					CT Sue Nisc					
	uredPartners of Ohio, LLC					o, Ext): (440) 8			FAX	440)	356-2126
	0 Kinross Lakes Parkway #300 nfield, OH 44286				E-MAIL	ss. sue.niso	ff@assure	dpartners.com	(A/C, NO). (,	
					ADDRE			RDING COVERAGE			NAIC #
					INCLIDE			Company, Inc			37540
INSL	IDED					:R B : Zurich			•		16535
INSC	Musculoskeletal Transplant	Fou	ndati	on			Amencani	115. 60.			10333
	BioCon, Inc.				INSURE						
	125 May Street				INSURE						-
	Edison, NJ 08837-9947				INSURE						
					INSURE	RF:					
				E NUMBER:				REVISION NUM			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WIT BED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN						
A A	I TPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		10,000,000
^	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE	E D	\$	10,000,000
	X CLAIMS-MADE OCCUR	X		W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$	
								MED EXP (Any one p	erson)	\$	الم مادينام ما
								PERSONAL & ADV II	NJURY	\$	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	10,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP	OP AGG	\$	10,000,000
В	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	1,000,000
_				BAP6011025-01		4/1/2021	4/1/2022	(Ea accident)		\$	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			DAP0011023-01		4/1/2021	4/1/2022	BODILY INJURY (Pe		\$	
								BODILY INJURY (Pe	r accident) E	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	_	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
_	DED RETENTION \$							DED	OTU	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			14/0 0000000 04		4/4/0000	4 /4 /0000	X PER STATUTE	OTH- ER		4 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WC-0289833-04		1/1/2022	1/1/2023	E.L. EACH ACCIDEN	IT	\$	1,000,000
								E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)		- ! ٤! اـــ	!! -
IVI Cx I	Bank, its successors and/or assigns a	re Ac	ιαιτιο	nai insured as required by	contra	ct under the C	Jenerai Liabi	nity per the terms	and con	attion	s of the policy.
CE	RTIFICATE HOLDER				CANO	ELLATION					
						-		ESCRIBED POLICI			
	M&T Bank							IEREOF, NOTICE CY PROVISIONS.	. WILL I	DE DE	LIVEKED IN
	PO Box 1358										
	Buffalo, NY 14240-1358				AUTHO	RIZED REPRESE	NTATIVE				
						Alalia					

Effective date of this Endorsement: 19-Nov-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

DELETE ENDORSEMENT WITHOUT RETURN PREMIUM

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

It is hereby understood and agreed that the following endorsement(s) is deleted from the Policy:

Scheduled Additional Insured Endorsement – General Liability Coverage Only With Notice Of Cancellation(v.1) E08807082016

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 19-Nov-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADD ENDORSEMENT WITHOUT ADDITIONAL PREMIUM

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

It is hereby understood and agreed that the following endorsement(s) is added to the Policy:

Scheduled Additional Insured Endorsement – General Liability Coverage Only With Notice Of Cancellation(v.2) E08807082016

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 19-Nov-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

SCHEDULED ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY WITH NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

- 1. Solely in relation to coverage provided under **INSURING AGREEMENTS**, A. 2. General Liability, Advertising Liability, Products/Completed Operations Liability, Clause **II. PERSONS INSURED** is amended to include the Additional Insureds listed in Item 8. below for which the **Insured** has assumed such person's/entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:
 - A. The **Claim** against the Additional Insured seeks damages for which the **Insured** has assumed liability;
 - B. This insurance applies to such liability assumed by the **Insured**;
 - C The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
 - D. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured;
 - E. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
 - F. The Additional Insured agrees in writing to:
 - Cooperate with the Underwriters in the investigation, settlement or defense of the Claim:
 - ii. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - Notify any other insurer whose coverage is available to the Additional Insured;
 and
 - iv. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
 - G. The Additional Insured provides Underwriters with written authorization to:
 - i. Obtain records and other information related to the Claim; and
 - ii. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.
 - H. Additional Insured:

Baptist Health South Florida

Insurance Compliance PO Box 100085 – ZQ Duluth, GA 30096

M&T Bank, its successors and/or assigns PO Box 1358 Buffalo, NY 14240-1358

2. In addition to the provisions of Clause **XIX. CANCELLATION**, in the event Underwriters cancel this Policy for any reason other than non-payment of premium, Underwriters will provide 30 days written notice to the Additional Insured after notifying the **Insured**.

However, this advance notification of pending cancellation of coverage is intended as a courtesy only. Underwriters' failure to provide such advance notification will not extend the policy cancellation date nor negate cancellation of the policy.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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this certific	cate does not confer rights to the certificate holder in lieu of si		orsement. As	statement on				
PRODUCER Lie	cense # 954553	CONTACT Sue Nisoff						
	ners of Ohio, LLC s Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440)	356-2126				
Richfield, OF		E-MAIL ADDRESS: sue.nisoff@assuredpartners.com						
		INSURER(S) AFFORDING COVERAGE						
		INSURER A : Beazley Insurance Company, In	37540					
INSURED		INSURER B : Zurich American Ins. Co.	16535					
	Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company						
	BioCon, Inc. 125 May Street	INSURER D :						
	Edison, NJ 08837-9947	INSURER E :						
		INSURER F:						
COVERAGE	S CERTIFICATE NUMBER:	REVISION NU	MBER:					
	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW							
INDICATED	. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIC TE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR							
	IS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE		OBSECT TO ALL	. THE TEINIO,				
INSR	ADDI SUBR	POLICY FFF POLICY FXP						

TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) LTR 10,000,000 Χ Α **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) X CLAIMS-MADE OCCUR 1/1/2022 1/1/2023 W148A6220901 MED EXP (Any one person) Included PERSONAL & ADV INJURY 10,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 10,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Х ANY AUTO 4/1/2021 4/1/2022 BAP6011025-01 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY C **UMBRELLA LIAB OCCUR EACH OCCURRENCE** Χ LHZ793572 1/1/2022 1/1/2023 Χ **EXCESS LIAB** CLAIMS-MADE AGGREGATE Term Aggr(CPRG) 10,000,000 0 DED | X | RETENTION \$ X PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC-0289833-04 1/1/2022 1/1/2023 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Methodist Hospital 8100 Greenbriar St Houston, TX 77054-2933	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Houston, TX 77034-2333	AUTHORIZED REPRESENTATIVE





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lf th	SUBROGATION IS WAIVED, subjetis certificate does not confer rights to	ct to o the	the certi	terms and conditions of ificate holder in lieu of su	the pol	licy, certain lorsement(s)	policies may	require an endorseme	nt. A st	tatement on	
PRO	DUCER License # 954553					CT Sue Nisc					
Ass	uredPartners of Ohio, LLC				PHONE (A/C No	o, Ext): (440) 8	395-6550	FAX (A/C, No)	(440)	356-2126	
) Kinross Lakes Parkway #300 field, OH 44286				E-MAIL	ss. sue.niso	ff@assured	dpartners.com	(/ -		
	•							RDING COVERAGE		NAIC #	
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INSU	RED				INSURE						
	Musculoskeletal Transplant	Fou	ndatio	on	INSURE						
	BioCon, Inc. 125 May Street				INSURE	RD:					
	Edison, NJ 08837-9947				INSURER E:						
					INSURE	RF:					
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IN CI	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
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	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
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	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
CEI	RTIFICATE HOLDER				CANO	ELLATION					
CEI	CIFICATE HOLDER				CANC	ELLATION					
	Monterey County Sheriff's C Contracts 1414 Natividad Road	Office			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.			
	Salinas, CA 93906				AUTHOR	RIZED REPRESE	NTATIVE				
					Denn The Level						





CERTIFICATE OF LIABILITY INSURANCE

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ti	f SUBROGATION IS WAIVED, subje his certificate does not confer rights t				ıch enc	lorsement(s)		require an endor	sement	. As	tatement on
	DDUCER License # 954553				CONTA NAME:	CT Sue Nisc	off				
	suredPartners of Ohio, LLC 0 Kinross Lakes Parkway #300				PHONE (A/C, No	o, Ext): (440) 8	895-6550	F	AX A/C, No): (4	440)	356-2126
	hfield, OH 44286				E-MAIL ADDRE	_{ss:} sue.niso	ff@assured	dpartners.com			
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	RA: Zurich	American lı	ns. Co.			16535
INS	URED				INSURE	RB:					
	Musculoskeletal Transplant	Four	ndatio	on	INSURE	RC:					
	BioCon, Inc. 125 May Street				INSURE	RD:					
	Edison, NJ 08837-9947				INSURE	RE:					
					INSURE	RF:					
СО	OVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUME	BER:		
INSR		PER POLI	REMITAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS. POLICY EXP	R DOCUMENT WITH	RESPE	OT TO	WHICH THIS
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOWIBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EAGU GOOURDENGE			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre))	\$	
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	OTHER:							FRODUCTS - COMF/C		\$ \$	
Α								COMBINED SINGLE L (Ea accident)	IMIT	<u>Ψ</u> \$	1,000,000
	X ANY AUTO			BAP6011025-01		4/1/2021	4/1/2022	BODILY INJURY (Per p		<u>Ψ</u> \$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per		\$ \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		<u>Ψ</u> \$	
	AUTOS ONLY AUTOS ONLY							(i ci accident)		\$ \$	
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$							710011207112		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	·	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EM			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$	
Α				BAP6011025-01		4/1/2021	4/1/2022	Coll Deductible:		•	5,000
Α	Auto - Commercial			BAP6011025-01		4/1/2021	4/1/2022	Comp Deductibl	le:		5,000
2020 2020 Pen	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 0 Freightliner M2 Truck, vin # 3ALACWF 0 Freightliner M2 Truck, vin # 3ALACWF 1 ske Truck Leasing Co LP 7 Penske Lea 1 respect to the Automobile Policy, as re	C8LI C5LI sing a	DMC3 DLV92 and R	453 (Plate XJEW55) 294 (unit # 350741) ental Company is an Addi					to the u	nits I	isted above
CE	RTIFICATE HOLDER				CANC	ELLATION					
<u>ve</u>	Penske Truck Leasing Co L Company 2675 Morgantown Rd	P & P	ensk	e Leasing and Rental	SHO	ULD ANY OF 1	N DATE TH	ESCRIBED POLICIE EREOF, NOTICE CY PROVISIONS.			

ACORD 25 (2016/03)

Reading, PA 19607

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AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

tine continuate accenter content righte to the continuate hereof in hea of co	ion ondorcomonicoji							
PRODUCER License # 954553	CONTACT Sue Nisoff							
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)	356-2126						
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A : Beazley Insurance Company, Inc	37540						
INSURED	INSURER B : Zurich American Ins. Co.	16535						
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138						
BioCon, Inc. 125 May Street	INSURER D:							
Edison, NJ 08837-9947	INSURER E :							
	INSURER F:							
	55,46,61,14,4555							

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.

X	TYPE OF INSURANCE	ADDL	SUBR		DOLLOW FEE	POLICY EXP			
X			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY				······	,	EACH OCCURRENCE	\$	10,000,000
	X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	Included
GEN							GENERAL AGGREGATE	\$	10,000,000
X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
X	7.			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
	DED X RETENTION\$. ,	\$	10,000,000
WOR	EMPLOYERS' LIARILITY						X PER OTH- STATUTE ER		
	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	II., A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	X X X WOI ANE Mai f ve	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB DED X RETENTION \$ ONORKERS COMPENSATION NND EMPLOYEES LIABILITY NND EMPLOYEES LIABILITY OFFICER/MEMBER EXCLUDED? Mandatory in NH) OFFICER/MEMBER EXCLUDED?	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0 NORKERS COMPENSATION Y/N NOT EMPLOYERS' LIABILITY NOT EMPLOYER	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONL	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY LHZ793572 LHZ793572 1/1/2022 NORKERS COMPENSATION ND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? MANDATORY MANDA	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION\$ NORKERS COMPENSATION NND EMPLOYERS' LIABILITY UNY PROPRIETOR/PRATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A WC-0289833-04 1/1/2022 1/1/2023	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERAGE OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERAGE OCCUR X EXCESS LIAB X CLAIMS-MADE DED VORKERS COMPENSATION NAD EMPLOYERS' LIABILITY N/A WC-0289833-04 MYC-0289833-04 AUTOS ONLY AUTO	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS O

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

RE: Lease Numbers: 675839 & 676816 - Technology Equipment (Computers)

Presidio Technology Capital, LLC and its assignees is an Additional Insured with respects to the Commercial General Liability as required by written contract as per the terms & conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION

Presidio Technology Capital LLC c/o ALI Department E51 707 Texas Ave., Suite 200D College Station, TX 77840 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

New Obst. 18, Ed



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440) 3	(440) 356-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Beazley Insurance Company, Inc	;	37540			
INSURED	INSURER B: Zurich American Ins. Co.					
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company					
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	(EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	X		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY	/N N/A					X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?			7		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT
	(Mar	ndatory in NH)	II., A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Covered under the blanket Additional Insured as required by contract form. The Regents of the University of California is an Additional Insured with respects to Commercial General Liability only coverage to the extent provided on the attached forms #E00983 and #E03340.
ITS Account #: UNC13515

CERTIFICATE HOLDER	CANCELLATION

Regents of the University of California c/o Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801

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

Denn Ibol strow

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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.

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PRODUCER License # 954553	CONTACT Sue Nisoff				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Beazley Insurance Company, Inc	37540			
INSURED	INSURER B : Zurich American Ins. Co.	16535			
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138			
BioCon, Inc. 125 May Street	INSURER D:				
Edison, NJ 08837-9947	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR				SUBR	LIMITS SHOWN MAY HAVE BEEN I	POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

SAI Management LLC and 375/425 RCP Associates LP are listed as additional insured as required by written contract for Commercial General Liability coverage to the extent provided on the attached forms #E00983 and #E03340.

CERTIFICATE HOLDER	CANCELLATION

SAI Management, LLC Attn: Property Management 110 Fieldcrest Avenue, Raritan Plaza I Edison, NJ 08818 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

Deni Ibo strike

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

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Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

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Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
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- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Authorized Representative

E00983 032015 ed. Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

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BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

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- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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.

lf th	SUE	RTANT: If the certificate hole BROGATION IS WAIVED, sub- ertificate does not confer right:	ject t	o the	terms and conditions of	the po	licy, certain plorsement(s)	oolicies may			
PRO	DUCE	R License # 954553				CONTA NAME:	CT Sue Nisc	off			
		Partners of Ohio, LLC					o, Ext): (440) 8		FAX (A/C, No):	(440)	356-2126
		ross Lakes Parkway #300 J, OH 44286				E-MAIL ADDRE	ss: sue.niso	ff@assure	dpartners.com		
							INS	URER(S) AFFOI	RDING COVERAGE		NAIC #
						INSURE	R A : Beazley	Insurance	Company, Inc		37540
INSU	RED						R в : Zurich		•		16535
		Musculoskeletal Transpla	nt Fou	ındat	ion	INSURE	R C : Landma	ark Americ	an Insurance Compa	ny	33138
		BioCon, Inc. 125 May Street				INSURE			•	-	
		Edison, NJ 08837-9947				INSURE	RE:				
		·				INSURE					
CO	/ER	AGES CI	RTIF	ICAT	E NUMBER:				REVISION NUMBER:		
TI	HS I	S TO CERTIFY THAT THE POLI	CIES	OF IN	SURANCE LISTED BELOW I	HAVE B	EEN ISSUED 1	TO THE INSU	RED NAMED ABOVE FOR	ГНЕ РО	LICY PERIOD
		ATED. NOTWITHSTANDING ANY									
		FICATE MAY BE ISSUED OR MA JSIONS AND CONDITIONS OF SUC								IO ALL	THE TERIVIS,
INSR LTR		TYPE OF INSURANCE	ADD	L SUBI	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	ΓS	
Α	Х	COMMERCIAL GENERAL LIABILITY	1110				(MINUSER TOTAL)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR			W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
			_						PERSONAL & ADV INJURY	\$	Included
	GEN	J'L AGGREGATE LIMIT APPLIES PER:	_						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	T.	10,000,000
		OTHER:								\$	
В	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Χ	ANY AUTO			BAP6011025-01		4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY								s s	
С		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	Χ	EXCESS LIAB X CLAIMS-MA	DE		LHZ793572		1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$	0						Term Aggr(CPRG)	s	10,000,000
В	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH-ER	"	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	7	_	WC-0289833-04		1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED?	_ N/	A					E.L. DISEASE - EA EMPLOYEE	T.	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
		2 2. 2. 2								1	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Saint Mary's Hospital 56 Franklin Street Waterbury, CT 06706	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
waterbury, C1 00700	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

tine continuate account regime to the continuate network in hea or ex	aon ondo comon(o).					
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Beazley Insurance Company, Inc	37540				
INSURED	INSURER B: Zurich American Ins. Co.					
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED.					

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Ā	Х	X CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEN	VL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AU1	romobile Liability ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED AUTOS ONLY SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	Ť	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	1	RKERS COMPENSATION DEMPLOYERS' LIABILITY			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFF (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? In NH) s. describe under	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	ĆRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION

San Francisco General Hospital and Trauma Center Materials Management 1001 Potero Ave. GPS San Francisco, CA 94110 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

Jenn JoH strike





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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and commonly accessed to the rights to the common method in the common and the common access to the common access							
PRODUCER License # 954553	CONTACT Sue Nisoff						
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440) 3	356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	1					
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A : Beazley Insurance Company, Inc	С	37540				
INSURED	INSURER B : Zurich American Ins. Co.						
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company						
BioCon, Inc. 125 May Street	INSURER D:						
Edison, NJ 08837-9947	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	INSR				POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	·c	
LTR A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Sentara Healthcare is listed as additional insureds for Commercial General Liability only coverage as required by written contract to the extent provided on the attached forms #E00983 and E03340.

CERTIFICATE HOLDER	CANCELLATION
Sentara Healthcare	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

1545 Crossways Blvd, Suite 100 Chesapeake, VA 23320

AUTHORIZED REPRESENTATIVE

Jenis LbA

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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this certificate does not comer rights to the certificate holder in fied of st	ach endorsement(s).							
PRODUCER License # 954553	CONTACT Sue Nisoff							
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126						
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A : Beazley Insurance Company, Inc	37540						
INSURED	INSURER B : Zurich American Ins. Co.	16535						
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138						
BioCon, Inc. 125 May Street	INSURER D:							
Edison, NJ 08837-9947	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:							

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	,,,,,	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	X	TOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	X	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	EACH OCCURRENCE AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	ANY	RKERS COMPENSATION I EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- E.L. EACH ACCIDENT	\$	1,000,000
	If ye	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Shriners Hospital for Children 2211 N. Oak Park Avenue Chicago, IL 60707	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Cincago, in soror	AUTHORIZED REPRESENTATIVE





DATE (MM/DD/YYYY) 12/28/2021

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th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)					
PRO	DUCER License # 954553					CT Sue Nisc					
Ass	uredPartners of Ohio, LLC				PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 356-2126						356-2126
) Kinross Lakes Parkway #300 nfield, OH 44286				E-MAIL	ss. sue.niso	ff@assure	dpartners.com	(A/C, NO).	,	300 2120
11101	moia, 011 44200				ADDRE			RDING COVERAGE			NAIC #
									•		37540
								Company, Inc	•		+
INSU	Musculoskeletal Transplant	Four	ndati	on		RB:Zurich	American ii	ns. Co.			16535
	BioCon, Inc.	· ou	···auti	OII	INSURE	RC:					
	125 May Street				INSURE	R D :					
	Edison, NJ 08837-9947				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CAT	E NUMBER:				REVISION NUM	IBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WIT SED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSR	TYPE OF INSURANCE		SUBR		DELIVI	POLICY EFF (MM/DD/YYYY)			LIMIT	•	
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	I OLIGI NUMBER		(MM/UU/YYYY)	(MM/UU/YYYY)	FACIL OCCUPREN		\$ \$	10,000,000
	X CLAIMS-MADE OCCUR			W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENTI PREMISES (Ea occu	ED ED	•	-,,
				111000220301		17 17 2022	17172023			\$	
								MED EXP (Any one	•	\$	Included
								PERSONAL & ADV I		\$	10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	10,000,000
	X POLICY PRO-							PRODUCTS - COMP	P/OP AGG	\$	10,000,000
В	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	X ANY AUTO			BAP6011025-01		4/1/2021	4/1/2022	BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
	AUTOS ONLY AUTOS ONLY							(i el accident)		\$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCUPRENC	`F	\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENC	∠ E	•	
	DED RETENTION\$							AGGREGATE		\$	
								PER STATUTE	OTH- ER	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Specimen - Auto & GL For Purposes of Evidencing Coverage Only				THE	EXPIRATION	N DATE TH	ESCRIBED POLIC IEREOF, NOTICE CY PROVISIONS.			
	Goverage Only				AUTHO	RIZED REPRESE	NTATIVE				





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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.

tl	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
PRO	DUCER License # 954553				CONTA NAME:	CT Sue Nisc	off				
	uredPartners of Ohio, LLC					o, Ext): (440) 8			FAX (A/C, No):	(440)	356-2126
	0 Kinross Lakes Parkway #300 nfield, OH 44286				E-MAIL ADDRE	ss: sue.niso	ff@assure	dpartners.con	1	. ,	
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : Beazley Insurance Company, Inc						37540
INSU	IRED										16535
	Musculoskeletal Transplant	Fou	ndati	on	INSURE						1.0000
	BioCon, Inc.				INSURER D : INSURER E : INSURER F :						
	125 May Street Edison. NJ 08837-9947										
<u></u>	VERAGES CER	TIFI	CATE	NUMBER:	INCORE	-IX I .		REVISION NUI	MRED.		
	HIS IS TO CERTIFY THAT THE POLICI				HAVE B	EEN ISSUED 1				HE DO	OI ICV PERIOD
١N	IDICATED. NOTWITHSTANDING ANY F	REQU	IREM	ENT, TERM OR CONDITIO	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WI	TH RESPE	CT TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								UBJECT T	O ALL	. THE TERMS,
INSR			SUBR		DLLINI	POLICY EFF (MM/DD/YYYY)			LIMIT		
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				10,000,000
^	X CLAIMS-MADE OCCUR			W4 49 A 6220004		1/1/2022	4/4/2022	DAMAGE TO RENT PREMISES (Ea occ	CE ED	\$	10,000,000
	A CLAIIVIS-IVIADE OCCUR			W148A6220901		1/1/2022	1/1/2023			\$	
								MED EXP (Any one		\$	Included
								PERSONAL & ADV	INJURY	\$	10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	10,000,000
	X POLICY PRO-							PRODUCTS - COM	P/OP AGG	\$	10,000,000
ь	OTHER:							COMBINED SINGLE	FIIMIT	\$	1,000,000
В	AUTOMOBILE LIABILITY							(Ea accident)	L LIIVIII	\$	1,000,000
	X ANY AUTO			BAP6011025-01		4/1/2021	4/1/2022	BODILY INJURY (P	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE.	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							1050	0.711	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	NT	\$	
								E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
								ESCRIBED POLIC			
	Specimen - Auto & Work Co		Exces	ss				IEREOF, NOTIC CY PROVISIONS.	L WILL	טב ט	LLIVEKED IN
	For Purposes of Evidencing Coverage Only	l									
	Goverage Only				AUTHO	RIZED REPRESE	NTATIVE				





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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tł	nis certificate does not confer rights to	the	cert	ificate holder in lieu of su	ch end	orsement(s)	policies may).	require an ende	orsemen	. A SI	atement on
PRO	DUCER License # 954553				CONTAC NAME:	T Sue Nisc	off				
Ass	suredPartners of Ohio, LLC								FAX (A/C, No):	440) 3	356-2126
Ric	hfield, OH 44286				E-MAIL ADDRES	ss: sue.niso	off@assured	partners.com	1		
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC #
					INSURER A: Beazley Insurance Company, Inc						37540
INSU	JRED				INSURER B:						
		Four	ndati	on	INSURER C:						
	•				INSURER D : INSURER E :						
	Edison, NJ 08837-9947										
					INSURER F:						
СО	VERAGES CER	RTIFICATE NUMBER:						REVISION NUM	/IBER:		
IN C	NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REM TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORI	N OF A	NY CONTRA THE POLIC	CT OR OTHER IES DESCRIB	DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS
INSR LTR					DELITI	POLICY EFF	POLICY EXP		I IMITS		
LIK	COMMERCIAL GENERAL LIABILITY	IIAOD	WVD	. CLG. HOMBEN		(אוואו/טט/۲۲۲۲)	(WINNI)	EACH OCCURRENC			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI	ED ED		
								` ,	·		
	GEN'L AGGREGATE LIMIT APPLIES PER:										
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
								BODILY INJURY (Pe	er accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	3E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
								DER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	ĔŔ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A								\$	
	If yes, describe under										
A	DÉSCRIPTION OF OPERATIONS below Cyber Liability			V2C30D210201		8/8/2021	8/8/2022	E.L. DISEASE - POL	LICY LIMIT	\$	
						0,0,202.	0,0,2022				
DES	COURTION OF OBERATIONS / LOCATIONS / VEHICL	ES (A	CODI	D 101 Additional Pomarks Schodu	lo may b	a attached if mor	ro enaco ie roquir	od)			
DLS	CRIPTION OF OPERATIONS / ECCATIONS / VEHICL	LL3 (A	CONI	o ivi, Additional Remarks Schedu	ie, iliay b	e attached il illoi	re space is requir	eu)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Specimen - Cyber For the Purposes of Evidenc Coverage Only	ing			THE	EXPIRATIO	N DATE TH	EREOF, NOTICE			
		ALABOR PARTWAY #300 ALABOR PA									





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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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 hed of st	den endersement(s).						
PRODUCER License # 954553	CONTACT Sue Nisoff						
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Beazley Insurance Company, Inc						
INSURED	INSURER B : Zurich American Ins. Co.	16535					
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138					
BioCon, Inc. 125 May Street	INSURER D:						
Edison, NJ 08837-9947	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.						

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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	,,,,,	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	X	TOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	X	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	EACH OCCURRENCE AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	ANY	RKERS COMPENSATION I EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- E.L. EACH ACCIDENT	\$	1,000,000
	If ye	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CANCELLATION
SHOULD ANY OF T

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

THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CANCELL ATION

CEDTICICATE UOI DED





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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tł	is certificate does not confer rights							require un enu	OI SCIIICII	i. A 3i	atement on
PRO	DUCER License # 954553				CONTA NAME:	CT Sue Nisc	off				
	uredPartners of Ohio, LLC					o, Ext): (440) 8			FAX (A/C, No):	440) 3	356-2126
) Kinross Lakes Parkway #300 nfield, OH 44286				E-MAIL ADDRE	ss: sue.niso	off@assured	partners.com	1	·	
					INSURER(S) AFFORDING COVERAGE N.						NAIC #
					INSURER A : Zurich American Ins. Co.						16535
INSU	RED				INSURER B:						
	Musculoskeletal Transplan	t Fou	ndati	on	INSURER C:						
	BioCon, Inc. 125 May Street				INSURER D:						
	Edison, NJ 08837-9947				INSURER E :						
					INSURER F:						
СО	VERAGES CEI	RTIFI	CATE	E NUMBER:				REVISION NUM	/IBER:		
IN C	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP		LIMIT	•	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI	ED	\$	
	OESTIMO INFISE OSCOR							PREMISES (Ea occu	· '	\$	
								MED EXP (Any one		\$	
	OFAUL ACCORDANTS LIMIT APPLIES DED.							PERSONAL & ADV I		\$	
	POLICY PRO- JECT LOC							GENERAL AGGREG		\$	
	OTHER:							PRODUCTS - COMP	P/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	er nerson)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$	
	AUTOS ONET							(i oi acoiaciii)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADI	≣						AGGREGATE		\$	
	DED RETENTION \$									\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WC-0289833-04		1/1/2022	1/1/2023	E.L. EACH ACCIDEN		\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
DES	CRIPTION OF OREDATIONS // OCATIONS //EURI	NEC /	ACORI	2404 Additional Remarks School	ula may h	o ottoobod if moo		od)			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI erage is included for the State of Hawa		-COKI	o ioi, Additional Relitatio Schedu	ne, may D	о апасней и ию	ayave is requir	ou,			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Specimen - Work Comp For Purposes of Evidencing	j Cov	erage	e only	SHO THE ACC	OULD ANY OF	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					Jenn	Dod strow	·				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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tine continuate account to the righte to the continuate helder in hea or ex	2011 01140100111(0)1							
PRODUCER License # 954553	CONTACT Sue Nisoff							
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440) 3	356-2126					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	1						
	INSURER(S) AFFORDING COVERAGE		NAIC #					
	INSURER A : Beazley Insurance Company, Inc	С	37540					
INSURED	INSURER B : Zurich American Ins. Co.		16535					
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance (Company	33138					
BioCon, Inc. 125 May Street	INSURER D:							
Edison, NJ 08837-9947	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		ISIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MINIS D) 1 1 1 1 1	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	X	X	W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION \$ 0						Term Aggr(CPRG)	\$	10,000,000
В	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR PARTIER EXECUTIVE Y/N	N/A	X	WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Cyk	er Liability			V2C30D210201	8/8/2021	8/8/2022			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Prod.-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

State of Nevada is listed as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Named Insured as required by written contract. The General Liability only insurance is primary and non-contributory and a waiver of subrogation applies as required by written contract as per the attachment E03340.

This Certificate of Liability replaces and supersedes all previously issued Certificates.

CERTIFICATE HOLDER	CANCELLATION

State of Nevada Department of Motor Vehicles Administrative Services Division 555 Wright Way Carson City, NV 89711 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

New Obst. 18, 81

Effective date of this Endorsement: 01-Jan-2021
This Endorsement is attached to and forms a part of Policy Number: W148A6210801
Syndicate 2623/623 at Lloyd's referred to in this endorsement as either the "Insurer" or the "Underwriters"

<u>BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY</u> (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, A. 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- 1. The **Claim** against the Additional Insured seeks damages for which the **Insured** has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - Conduct and control the defense of the Additional Insured in such Claim. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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.

t	his certificate does not confer rights to	the	cert	ificate holder in lieu of su	ich end	orsement(s)		- 1				
PRO	DDUCER License # 954553					CT Sue Niso						
Ass	suredPartners of Ohio. LLC				o, Ext): (440) 8			FAX	(440)	356-2126		
390	0 Kinross Lakes Parkway #300 hfield, OH 44286				E-MAIL	sue niso	ff@assured	dpartners.com	(A/C, NO):1	(110)	500 2120	
INIC	iniela, 011 44200				ADDRE			RDING COVERAGE	-		T	
						NAIC#						
					INSURER A : Beazley Insurance Company, Inc 375							
INS	JRED Musculoskeletal Transplant	F	- d-4:		INSURER B:							
	BioCon, Inc.	roui	iuati	OII	INSURE	RC:						
	125 May Street				INSURER D:							
	Edison, NJ 08837-9947				INSURER E:							
					INSURER F:							
CC	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:			
II	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R SERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS	
INSF			SUBR		DELINI	POLICY EFF (MM/DD/YYYY)			LIMIT			
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				10,000,000	
^`	X CLAIMS-MADE OCCUR			W4 49 A 6220004		4/4/2022	4/4/2022	EACH OCCURRENT DAMAGE TO RENT		\$		
	A CEANIVIO-IVIADE COCOR	X		W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENT PREMISES (Ea occu		\$		
								MED EXP (Any one	person)	\$	Included	
								PERSONAL & ADV	INJURY	\$	10,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	10,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	10,000,000	
	OTHER:							OOMBINIED OINOUE		\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMII	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	BE .	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							NOCKEONIE		s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									•		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$		
	If yes, describe under							E.L. DISEASE - EA I				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
Suj	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL nana Religious and Charitable Foundatio of per the terms and conditions of the pol	on (S	ACORE RCF)	D 101, Additional Remarks Schedu is an Additional Insured a	ile, may b s requi	e attached if mor red by written	e space is requin contract or a	ed) agreement with I	respect to	o Gene	ral Liability	
CF	RTIFICATE HOLDER				CANC	ELLATION						
J.	Sujnana Religious and Chari 215 May Street Edison, NJ 08817	itable	e Fou	Indation (SRCF)	SHO THE ACC	ULD ANY OF 1 EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.				
					AUTHO	RIZED REPRESEI	NTATIVE					





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

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PRODUCER License # 954553	CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300		0) 356-2126
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Beazley Insurance Company, Inc	37540
INSURED	INSURER B : Zurich American Ins. Co.	16535
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138
BioCon, Inc. 125 May Street	INSURER D:	
Edison, NJ 08837-9947	INSURER E:	
	INSURER F:	
COVEDAGES CERTIFICATE NUMBER.	DEVISION NUMBED.	

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	WVD	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
İ	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC						GENERAL AGGREGATE	\$	10,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$, ,
В	AU1	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED SCHEDULED AUTOS			DAI 0011020 01	4/1/2021	47 172022	BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
С		UMBRELLA LIAB OCCUR			1.117700570	4/4/0000	4/4/0000	EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	•	4 000 000
	ANY OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0269633-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Surgical Center of Alta Bates Summit 3875 Telegraph Avenue Oakland. CA 94609	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Canana, CA 34003	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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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	CONTACT Sue Nisoff	
	artners of Ohio, LLC oss Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)	356-2126
Richfield,	OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Beazley Insurance Company, Inc	37540
INSURED	Musculoskeletal Transplant Foundation	INSURER B : Zurich American Ins. Co.	16535
	Stateline, A Division of MTF	INSURER C: Landmark American Insurance Company	33138
	BioCon, Inc.	INSURER D:	
	125 May Street Edison, NJ 08837-9947	INSURER E:	
		INSURER F:	
COVEDA	CES CEDTIFICATE NI IMP	DEVISION NUMBER	

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.

X	TYPE OF INSURANCE	ADDL	SUBR		DOLLOW FEE	POLICY EXP			
X			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY				······	,	EACH OCCURRENCE	\$	10,000,000
	X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	Included
GEN							GENERAL AGGREGATE	\$	10,000,000
X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
X	7.			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
	DED X RETENTION\$. ,	\$	10,000,000
WOR	EMPLOYERS' LIARILITY						X PER OTH- STATUTE ER		
	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	II., A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	X X X WOI ANE Mai f ve	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB DED X RETENTION \$ ONORKERS COMPENSATION NND EMPLOYERS LIABILITY NND EMPLOYERS LIABILITY OFFICER/MEMBER EXCLUDED? MANdatory in NH) OFFICER/MEMBER EXCLUDED?	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0 NORKERS COMPENSATION Y/N NOT EMPLOYERS' LIABILITY NOT EMPLOYER	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONL	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY LHZ793572 LHZ793572 1/1/2022 NORKERS COMPENSATION ND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? MANDATORY MANDA	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION\$ NORKERS COMPENSATION NND EMPLOYERS' LIABILITY UNY PROPRIETOR/PRATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A WC-0289833-04 1/1/2022 1/1/2023	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERAGE COMPENSATION NO COUR LHZ793572 LHZ793572 LHZ793572 AUTOS ONLY AUTOS ONL	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS O

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Prod.-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Sutter Health is an additional insured as required by written contract with respect to Commercial General Liability only to the extent provided on the attached forms #E00983 and #E03340.

CERTIFICATE HOLDER	CANCELLATION
Sutter Health 2200 River Plaza Sacramento. CA 95833	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sacramento, CA 33033	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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.

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this certificate does not confer rights to the certificate holder in fieu or si	uch endorsement(s).					
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Beazley Insurance Company, Inc	;	37540			
INSURED	INSURER B : Zurich American Ins. Co.		16535			
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance (Company	33138			
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:				
THIS IS TO CEPTIEV THAT THE POLICIES OF INSLIDANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSUDED NAMED ABOV	/E EOD THE DOI	ICV DEDIOD			

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 S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,,	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	N, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
Temecula Valley Hospital 31700 Temecula Parkway Temecula. CA 92592	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Temecula, GA 92392	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

		ghts to the certificate holder in lieu o	of such endorsement(s).		
PRODUCER LI	cense # 954553		CONTACT Sue Nisoff		
this certificate does not confer rights to the certificate holder in liet PRODUCER License # 954553 AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300 Richfield, OH 44286 INSURED BioCon, Inc. Musculoskeletal Transplant Foundation 125 May Street Edison, NJ 08837-9947 COVERAGES CERTIFICATE NUMBER:	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440)	356-2126		
Richfield, Ol	H 44286		E-MAIL ADDRESS: sue.nisoff@assuredpartners.co	m	
			INSURER(S) AFFORDING COVERAG	<u> </u>	NAIC #
			INSURER A : Beazley Insurance Company,	37540	
INSURED			INSURER B : Zurich American Ins. Co.		16535
	BioCon, Inc. Musculos	keletal Transplant Foundation	INSURER C: Landmark American Insuranc	Company	33138
		·	INSURER D:		
	Edison, NJ 08837-994	,	INSURER E:		
			INSURER F:		
COVERAGE	ES	CERTIFICATE NUMBER:	REVISION N	JMBER:	
			OW HAVE BEEN ISSUED TO THE INSURED NAMED A		
INDICATED	J. NOTWITHSTANDING	ANY REGUIREMENT TERM OR CONDI	ITION OF ANY CONTRACT OR OTHER DOCUMENT \	VITH RESPECT I	O WHICH THIS

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		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	·c	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	X	WVD	W148A6220901	1/1/2022	(MM/DD/YYYY) 1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$	10,000,000
			^		W140A022001	17 172022	17172020	MED EXP (Any one person)	\$	Included
1	GEI	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO LOC						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	10,000,000
В		OTHER:						PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT	\$	1,000,000
ט	X	TOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED	x		BAP6011025-01	4/1/2021	4/1/2022	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$ \$	10,000,000
В	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE CHARACTER	\$	1,000,00
	If ye	ICER/MEMBER EXCLUDED? Idatory in NH) s, describe under CRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000 1,000,000
	DES	CINIT HON OF OPERATIONS DEIDW						L.L. DISEASE - FOLIOT LIMIT	Ψ	· · · · ·

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Temple University Of The Commonwealth System of Higher Education and its trustees, officers, employees,& agents are additional insured parties for the purposes of the insured's products/services provided with respect to the Commercial General Liability only to the extent provided on the attached forms #E00983 and #E03340; and on the Business Automobile Liability policy as required by written contract as per the terms & conditions of the policies.

\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Temple University 148 North 8th St Room 634 Philadelphia, PA 19107	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
I illiadelpina, i A 19107	AUTHORIZED REPRESENTATIVE

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

tine continuate acce not content rights to the continuate hereof in hea of c	don ondercomonico).					
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Beazley Insurance Company, Inc	37540				
INSURED	INSURER B : Zurich American Ins. Co.	37540 16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					
	55,40,61,11,11,155					

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.

		ISIONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD	,,,,		(MINIO D) 1111)	(MINIOD) TTTT	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	Х	X	W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	, ۸					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Texas Scottish Rite Hospital for Children is listed as additional insured for Commercial General Liability only coverage to the extent provided on the attached forms #E00983 and #E03340.

CERTIFICATE HOLDER	CANCELLATION
Texas Scottish Rite Hospital For Children 2222 Welborn St Dallas. TX 75219	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Dallas, IX 73213	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

y					
PRODUCER License # 954553	CONTACT Sue Nisoff				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Beazley Insurance Company, Inc	37540			
INSURED	INSURER B : Zurich American Ins. Co.	16535			
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138			
BioCon, Inc. 125 May Street	INSURER D:				
Edison, NJ 08837-9947	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 1

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		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	·s	
A	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	Х	Х	W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY				1/1/2022	1/1/2023	X PER OTH-ER		
ANY		PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		WC-0289833-04			E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A	`				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

The Regents of the University of California is an additional insured for Commercial General Liability coverage to the extent provided on the attached forms #E00983 and #E03340; and for Business Auto Liability; as required by written contract per the terms & conditions of the policy. Waiver of Subrogation is included as required by written contract with respect to Commercial General Liability coverage only to the extent provided on the attached form E03340, and Business Auto Liability as per the terms & conditions of the Business Auto Liability policy, as it relates to the Named Insured's operation. Fire Legal Liability limit of \$250,000 each claim is part of aggregate limit as required by written contract with respect to Miscellaneous Medical Professional SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
The Regents of the University of California c/o Ins Tracking Services, Inc (ITS) PO Box 20270	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Long Beach, CA 90801	AUTHORIZED REPRESENTATIVE

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY L AssuredPartners of Ohio, LLC	icense # 954553	Musculoskeletal Transplant Foundation BioCon, Inc.
POLICY NUMBER SEE PAGE 1		125 May Street Edison, NJ 08837-9947
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance	

Description of Operations/Locations/Vehicles:

Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance to the extent provided on the attached form E13416 as it relates to the Named Insured's operation.

Medical Payments limits shall be \$10,000 per Claim subject to a maximum Aggregate Limit of Liability under this policy of \$50,000 as required by written contract with respect to General Liability coverage only to the extent provided on the attached form E05809 as it relates to the Named Insured's operation.

This certificate replaces and supersedes all other Certificates of Liability Insurance.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

MEDICAL PAYMENTS EXTENSION

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that with respect to General Liability Coverage only:

- The Underwriters will pay medical expenses as described below for **Bodily Injury** caused by an **Accident**:
 - a. On premises the **Named Insured** owns or rents;
 - b. On ways next to the premises the **Named Insured** owns or rents; or
 - Because of the Named Insured's operations;

Provided that:

- d. The **Accident** takes place in the Coverage Territory and during the **Policy Period**;
- e. The expenses are incurred and reported to the Underwriters within one year of the date of the **Accident**:
- f. The injured person submits to an examination, at Underwriters expense, by physicians of Underwriters choosing as often as the Underwriters reasonably require.

The Underwriters will make these payments regardless of fault. These payments will not exceed the applicable Limit of Liability in paragraph 2. below. Underwriters will pay reasonable expenses for:

- a. first aid administered at the time of the **Accident**;
- b. necessary medical, surgical, x-ray and dental services, including prosthetic devices; and
- c. necessary ambulance, hospital, professional nursing and funeral services.
- 2. The Underwriters' Limit of Liability for all **Damages** arising from any one **Claim** for medical expenses shall be \$10,000 per **Claim** subject to a maximum Aggregate Limit of Liability under this policy of \$50,000, which amounts shall be part of and not in addition to the Aggregate Limit of Liability set forth in Item 3.(b) of the Declarations. Solely with respect to any **Claims** for medical expenses, the Deductible of \$10,000 applies separately for each and every **Claim**.
- 3. Clause IV. EXCLUSIONS 2. is amended by the addition of the following:

The Underwriters will not pay expenses for **Personal Injury**:

a. To any **Insured**;

E05809 Page 1 of 2

- b. To a person hired to do work for or on behalf of any **Insured** or a tenant of the **Insured**;
- c. To a person injured on that part of the premises the **Named Insured** owns or rents that the person normally occupies;
- d. To a person, whether or not an Employee of any **Insured**, if benefits for the **Personal Injury** are payable or must be provided under a workers' compensation or disability benefits law or a similar law;
- e. To a person injured while taking part in athletics;
- f. Due to war, whether or not declared, or any act or condition incident to war. War shall include civil war, insurrection, rebellion or revolution;
- g. Excluded under the Professional Liability Coverage; or
- h. To any prisoner.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

FIRE LEGAL LIABILITY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

- 1. Clause I. INSURING AGREEMENTS A. is amended by the addition of the following:
 - 4. Fire Legal Liability

The Underwriters will pay on behalf of the **Insured Damages** and **Claims Expenses** which the **Insured** shall become legally obligated to pay because of any **Claim** or **Claims** for **Property Damage** to the premises, while rented to the **Named Insured** (designated in Item 1. of the Declarations) or temporarily occupied by the **Named Insured** with permission of the owner arising out of any one fire during the **Policy Period** or any applicable **Extended Reporting Period**, except as excluded or limited by the terms, conditions and exclusions of this Policy.

- 2. The Underwriters' Limit of Liability under the General Liability Coverage for **Damages** and **Claims Expenses** resulting from **Claims** as respects **Property Damage** in regards to the Fire Legal Liability Coverage shall be \$250,000 each and every **Claim**, which amounts shall be part of and not in addition to the Aggregate Limit of Liability set forth in Item. 3(b) of the Declarations. Solely with respect to any **Claims** for Fire Legal Liability, the Deductible of \$25,000 applies separately for each and every **Claim**.
- 3. With respect to Fire Legal Liability coverage only, Clause **IV. EXCLUSIONS 2.** is amended by the addition of the following paragraph at the end thereof:

Exclusions (h) and (i) do not apply to **Property Damage** to structures or portions thereof rented to or occupied by the **Named Insured**, including fixtures permanently attached thereto, if such **Property Damage** arises out of fire.

- 4. Clause IV. EXCLUSIONS 2. (h) is deleted and replaced with the following:
 - (h) to any **Claim** arising out of **Property Damage** to:
 - (1) property owned, rented or temporarily occupied by the **Named Insured** with permission of the owner, including fixtures permanently attached thereto;
 - (2) premises sold or abandoned by the **Named Insured**;
 - (3) property loaned to the **Named Insured**
 - (4) personal property in the care, custody or control of the **Named Insured**;
 - (5) that particular part of real property on which the **Named Insured** or any contractors or subcontractors working directly or indirectly on behalf of the **Named Insured** or temporarily occupied by the **Named Insured** as to premises

E13416 102019 ed. rented to the **Named Insured** or temporarily occupied by the **Named Insured** with permission of the owner if such **Property Damage** arises out of those operations.

(6) that particular part of any property that must be restored, repaired or replaced because the **Insured's** work was incorrectly performed on it.

Paragraph 1. of this Exclusion does not apply to **Property Damage** to premises rented to the **Named Insured** or temporarily occupied by the **Named Insured** with permission of the owner, if such **Property Damage** arises out of fire.

Paragraph 2. of this Exclusion does not apply if the premises are the **Insured's** work and were never occupied, rented or held for rental by the **Named Insured**.

Paragraphs 3, 4, 5. & 6. of this Exclusion does not apply to liability assumed under a sidetrack agreement.

Paragraph 6. of this Exclusion does not apply to **Property Damage** included in any **Products/Completed Operations Liability Hazard** coverage.

5. For purposes of coverage provided under this Endorsement, Clause **X. OTHER INSURANCE** is amended by the addition of the following:

The insurance provided for **Property Damage** to the structures or portions thereof rented to or temporarily occupied by the **Named Insured**, including fixtures permanently attached thereto, where coverage is provided under Paragraph 1. above of this Endorsement, shall be excess insurance over any valid and collectible property insurance (including any deductible portion thereof) available to the **Insured**.

6. Under no circumstances will this coverage be extended to cover First Party **Property Damage** or **Property Damage** to personal property.

All other terms and conditions of this Policy remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C	c, _{No):} (440) 356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A : Beazley Insurance Company, Inc					
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Com	npany 33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	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.

		ISIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINI/OD/1111)	(MINIOD) TTTT	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	X		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	idatory in NH)	, ,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

The Regents of the University of California is an additional insured for for Commercial General Liability coverage to the extent provided on the attached forms #E00983 (03/15) and #E03340 (08/19); and for Business Auto Liability, as required by written contract per the terms & conditions of the policy. Waiver of Subrogation is included as per the terms & conditions of the Business Auto Liability policy as required by written contract as per the terms and conditions of the policies.

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

The Regents of the University of California UC San Diego Health System 7197 Convoy Court, Suite 10 San Diego, CA 92111

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

Denn Ibolstrie

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)) 356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Beazley Insurance Company, Inc	37540				
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Statline, LLC	INSURER C: Landmark American Insurance Company	33138				
Musculoskeletal Transplant Foundation, BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	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		JSIONS AND CONDITIONS OF SUCH	ADDL	SUBR		POLICY EFF	POLICY EXP			
LTR	L.,	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION \$ 0						Term Aggr(CPRG)	\$	10,000,000
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

The Regents of the University of California is an additional insured for Commercial General Liability coverage to the extent provided on the attached forms #E00983 and #E03340; and for Business Auto Liability; as required by written contract per the terms & conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION
The Regents of the University of California 7197 Convoy Court, Suite 10 San Diego, CA 92111	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Jan Diego, OA 32111	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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Effective date of this Endorsement: 01-Jan-2021
This Endorsement is attached to and forms a part of Policy Number: W148A6210801
Syndicate 2623/623 at Lloyd's referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause **II. PERSONS INSURED** is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**;

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2021
This Endorsement is attached to and forms a part of Policy Number: W148A6210801
Syndicate 2623/623 at Lloyd's referred to in this endorsement as either the "Insurer" or the "Underwriters"

<u>BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY</u> (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, A. 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- 1. The **Claim** against the Additional Insured seeks damages for which the **Insured** has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - Conduct and control the defense of the Additional Insured in such Claim. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	CONTACT Sue Nisoff			
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126		
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Beazley Insurance Company, Inc	37540		
INSURED	INSURER B : Zurich American Ins. Co.	16535		
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138		
BioCon, Inc. 125 May Street	INSURER D:			
Edison, NJ 08837-9947	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	SUBR WVD		POLICY EFF	POLICY EXP		s	
A	X	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	INSD	WVD			(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED	\$	10,000,000
		CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	_	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AUT	OTHER: OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO OWNED SCHEDULED			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)	\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$						Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			14/0 0000000 04	4/4/0000	4/4/0000	X PER OTH- STATUTE ER		4 000 000
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	If ves	s, describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	ĆRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	l									

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

CERTIFICATE HOLDER	CANCELLATION

The Regents of the University of California UC San Diego Health System 7197 Convoy Court, Suite 10 San Diego, CA 92111 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

ACORD 25 (2016/03)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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 comer rights to the certificate holder in fied of	such endorsement(s).					
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)	356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Beazley Insurance Company, Inc	37540				
INSURED	INSURER B: Zurich American Ins. Co.	16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.					

CERTIFICATE NUMBER: COVERAGES 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Ā	Х	X CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEN	VL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AU1	romobile Liability ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED AUTOS ONLY SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	Ť	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	1	RKERS COMPENSATION DEMPLOYERS' LIABILITY			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFF (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? In NH) s. describe under	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	ĆRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Trilogy Leasing Co. LLC and its successors and/or assigns are included as additional insureds and loss payee subject Commercial General Liability coverage as required by written contract per the terms & conditions of the policy with respects to leased and rented equipment.

CERTIFICATE HOLDER	CANCELLATION
Trilogy Leasing Co. LLC 2551 Route 130	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Cranbury, NJ 08512	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

and commonly accessed to the rights to the common method in the common and the common access to the common access						
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440) 3	356-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	1				
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Beazley Insurance Company, Inc					
INSURED	INSURER B : Zurich American Ins. Co.					
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance (Company	33138			
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	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				SUBR	LIMITS SHOWN MAY HAVE BEEN I	POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR	X		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION \$ 0						Term Aggr(CPRG)	\$	10,000,000
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

United Tissue Resources is an additional insured for Commercial General Liability only coverage to the extent provided on the attached forms #E00983 and #E03340; and for the Business Automobile Liability coverage as required by written contract as per the terms & conditions of the policy.

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	CERTIFICATE HOLDER	CANCELLATION
	United Tissue Resources 4300 N Lamar Blvd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Austin, TX 78756	AUTHORIZED REPRESENTATIVE

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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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).

and continuate accession control rights to the continuate herael in hea c	<u> </u>					
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Beazley Insurance Company, Inc	37540				
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					
COVEDAGES CERTIFICATE NUMBER.	DEVISION NUMBED.					

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	WVD	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
İ	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC						GENERAL AGGREGATE	\$	10,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$, ,
В	AU1	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED SCHEDULED AUTOS			DAI 0011020 01	4/1/2021	47 172022	BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
С		UMBRELLA LIAB OCCUR			1.117700570	4/4/0000	4/4/0000	EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER		4 000 000
	ANY OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0269633-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
University of California, Los Angeles 10920 Wilshire Blvd. Los Angeles, CA 90024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Los Angeles, CA 30024	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	CONTACT Sue Nisoff				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550	FAX (A/C, No): (440) 3	56-2126		
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com				
	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: Beazley Insurance Company, Inc				
INSURED	INSURER B: Zurich American Ins. Co.		16535		
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance C	ompany	33138		
BioCon, Inc. 125 May Street	INSURER D:		1		
Edison, NJ 08837-9947	INSURER E :		1		
	INSURER F:		1		
	·				

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			ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GEI X CLAIMS-MAD		Х	,,,,,	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEN'L AGGREGATE LIM	IIT ADDI IES DED-						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X POLICY PRI							PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AUTOMOBILE LIABILITY X ANY AUTO				BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
	OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	
	X EXCESS LIAB	X CLAIMS-MADE	_		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WORKERS COMPENSAT AND EMPLOYERS' LIAB ANY PROPRIETOR/PART	TION LITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFFICER/MEMBER EXCL (Mandatory in NH) If yes, describe under	UDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000 1,000,000
	DÉSCRIPTION OF OPER	A HONS below						E.L. DISEASE - POLICY LIMIT	\$	-,,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

The University of Miami, a non-profit corporation, is listed as an additional insured with respect to Commercial General Liability only coverage to the extent provided on the attached forms #E00983 and #E03340.

CERTIFICATE HOLDER	CANCELLATION

University of Miami Risk Management PO Box 248106 Coral Cables, FL 33124-2945 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

Jenis Jos strike

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

this certificate does not come rights to the certificate holder in hea or	such chaorsement(s).				
PRODUCER License # 954553	CONTACT Sue Nisoff				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)	356-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com				
	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Beazley Insurance Company, Inc	37540			
INSURED	INSURER B : Zurich American Ins. Co.	16535			
BioCon, Inc.	INSURER C: Landmark American Insurance Company	33138			
Musculoskeletal Transplant Foundation 125 May Street	INSURER D:				
Edison, NJ 08837-9947	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.				

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Ā	Х	X CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEN	VL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AU1	romobile Liability ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED AUTOS ONLY SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	Ť	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	1	RKERS COMPENSATION DEMPLOYERS' LIABILITY			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFF (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? In NH) s. describe under	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	ĆRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION

University of Miami DRI Building - Annabel Escandon, Compliance Representative 1450 NW 10th Avenue Miami, FL 33136 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

Deni Ibo Strow



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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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	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)	0) 356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Beazley Insurance Company, Inc					
INSURED	INSURER B : Zurich American Ins. Co.					
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	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.

X	TYPE OF INSURANCE	ADDL	SUBR		DOLLOW FEE	POLICY EXP			
X			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY				······	,	EACH OCCURRENCE	\$	10,000,000
	X CLAIMS-MADE OCCUR	Х		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	Included
GEN							GENERAL AGGREGATE	\$	10,000,000
X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
X	7.			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
	DED X RETENTION\$. ,	\$	10,000,000
WOR	EMPLOYERS' LIARILITY						X PER OTH- STATUTE ER		
	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	II., A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	X X X WOI ANE Mai f ve	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB DED X RETENTION \$ ONORKERS COMPENSATION NND EMPLOYEES LIABILITY NND EMPLOYEES LIABILITY OFFICER/MEMBER EXCLUDED? Mandatory in NH) OFFICER/MEMBER EXCLUDED?	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0 NORKERS COMPENSATION Y/N NOT EMPLOYERS' LIABILITY NOT EMPLOYER	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONL	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY LHZ793572 LHZ793572 1/1/2022 NORKERS COMPENSATION ND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? MANDATORY MANDA	X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION\$ NORKERS COMPENSATION NND EMPLOYERS' LIABILITY UNY PROPRIETOR/PRATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A DEFICER/MEMBER EXCLUDED? WORKERS COMPENSATION N/A WC-0289833-04 1/1/2022 1/1/2023	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERAGE OCCUR X EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ OVERAGE OCCUR X EXCESS LIAB X CLAIMS-MADE DED VORKERS COMPENSATION NAD EMPLOYERS' LIABILITY N/A WC-0289833-04 MYC-0289833-04 AUTOS ONLY AUTO	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS O

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
University of Pennsylvania Health System is an additional insured as required by written contract under the General Liability as per Forms #03340 and E00983 attached.

CERTIFICATE HOLDER	CANCELLATION

University of Pennsylvania Health System and the Trustees of the University of Pennsylvania Corporate Materials Management 1500 Market Street - Centre Square, 10th Floor, West Tower Philadelphia, PA 19102 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

Jenn Jos strien

Effective date of this Endorsement: 01-Jan-2021
This Endorsement is attached to and forms a part of Policy Number: W148A6210801
Syndicate 2623/623 at Lloyd's referred to in this endorsement as either the "Insurer" or the "Underwriters"

<u>BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY</u> (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, A. 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- 1. The **Claim** against the Additional Insured seeks damages for which the **Insured** has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - Conduct and control the defense of the Additional Insured in such Claim. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2021
This Endorsement is attached to and forms a part of Policy Number: W148A6210801
Syndicate 2623/623 at Lloyd's referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause **II. PERSONS INSURED** is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**;

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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 fieu of	such endorsement(s).					
PRODUCER License # 954553 CONTACT Sue Nisoff						
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)	0) 356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Beazley Insurance Company, Inc	37540				
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Statline LLC	INSURER C: Landmark American Insurance Company	33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIEV THAT THE POLICIES OF INSURANCE LISTED BELO	IN 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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	WVD	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
İ	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC						GENERAL AGGREGATE	\$	10,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$, ,
В	AU1	OMOBILE LIABILITY ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		OWNED SCHEDULED AUTOS			DAI 0011020 01	4/1/2021	47 172022	BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
С		UMBRELLA LIAB OCCUR			1.117700570	4/4/0000	4/4/0000	EACH OCCURRENCE	\$	
	Х	EXCESS LIAB X CLAIMS-MADE DED X RETENTION \$ 0	-		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER		4 000 000
	ANY OFFI (Mar	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0269633-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Reference # 2505

CERTIFICATE HOLDER CANCELLATION

> University of Rochester Corporate Purchasing 44 Celebration Drive Suite 2.200 Rochester, NY 14620

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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The common data data in the right of the common data in the common dat						
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 1900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 356-					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Beazley Insurance Company, Inc	37540				
NSURED	INSURER B: Zurich American Ins. Co.	16535				
International Institute for the Advancement of Medicine	INSURER C: Landmark American Insurance Company	33138				
Musculoskeletal Transplant Foundation; BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	,,,,,	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	X	TOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	X	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	EACH OCCURRENCE AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	ANY	RKERS COMPENSATION I EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- E.L. EACH ACCIDENT	\$	1,000,000
	If ye	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Reference # 2505

CERTIFICATE HOLDER	CANCELLATION

University of Rochester Corporate Purchasing 44 Celebration Drive, Suite 2.200 Rochester, NY 14620 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

Jenn JoH strike





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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this certificate does not confer rights to the certificate holder in hea or s	don chacisement(s).					
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550	AX A/C, No):(440) 356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Beazley Insurance Company, Inc	37540				
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Co	ompany 33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	DEVISION NUME	ED.				

CERTIFICATE NUMBER:

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A	Х	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	IIIOD	,,,,,	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	X	TOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	X	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	EACH OCCURRENCE AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	ANY	RKERS COMPENSATION I EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- E.L. EACH ACCIDENT	\$	1,000,000
	If ye	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

ERTIFICATE HOLDER	CANCELLATION
University of Southern California 3500 South Figueroa Street, Suite 210 Los Angeles. CA 90089	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

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	or riginio to the continuate helder in hea or	cuon chiuorcomoni(c)i	
PRODUCER License # 954553		CONTACT Sue Nisoff	
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #3	200	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C,	, No):(440) 356-2126
Richfield, OH 44286		E-MAIL ADDRESS: sue.nisoff@assuredpartners.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Beazley Insurance Company, Inc	37540
INSURED		INSURER B: Zurich American Ins. Co.	16535
	etal Transplant Foundation	INSURER C: Landmark American Insurance Com	npany 33138
BioCon, Inc. 125 May Street		INSURER D:	
Edison, NJ 08837-	9947	INSURER E :	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBE	R:

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INSR LTR			ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GEI X CLAIMS-MAD		Х	,,,,,	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
	GEN'L AGGREGATE LIM	IIT ADDI IES DED-						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	Included 10,000,000
	X POLICY PRI							PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AUTOMOBILE LIABILITY X ANY AUTO				BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
	OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	
	X EXCESS LIAB	X CLAIMS-MADE	_		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WORKERS COMPENSAT AND EMPLOYERS' LIAB ANY PROPRIETOR/PART	TION LITY Y/N			WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	OFFICER/MEMBER EXCL (Mandatory in NH) If yes, describe under	UDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000 1,000,000
	DÉSCRIPTION OF OPER	A HONS below						E.L. DISEASE - POLICY LIMIT	\$	-,,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Certificate Holder is included as Additional Insured with respects to General Liability only coverage to the extent provided on the attached forms #E00983 and #E03340.

CERTIFICATE HOLDER	CANCELLATION

UPMC UPMC Corporate & Captive Insurance Department 200 Lothrop Street Pittsburgh, PA 15213 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

Denne Ibol straw

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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tills certificate does not comer rights to the certificati	filologi ili liga di sacii giladiscilicit(s).						
PRODUCER License # 954553	CONTACT Sue Nisoff	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (4/	440) 356-2126					
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com						
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A	X	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	Х	****	W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
	GEN X	POLICY POLICY LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	10,000,000
В	AUT	OTHER:						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
С	Х	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	EACH OCCURRENCE	\$	
		DED X RETENTION\$ 0	-			17 17 2022	17 17 20 20	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	AND ANY	RKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE CHARACTER	\$	1,000,000
	If yes	CER/MEMBER EXCLUDED? Idatory in NH) s, describe under	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$.,,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Valley Children's Hospital is listed as an additional insured for Commercial General Liability only coverage to the extent provided on the attached forms #E00983 and E03340.

CERTIFICATE HOLDER	CANCELLATION
Valley Children's Hospital Contact: Legal Services 9300 Valley Children's Place	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Madera, CA 93636	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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	CONTACT Sue Nisoff				
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440)) 356-2126			
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Beazley Insurance Company, Inc				
INSURED	INSURER B: Zurich American Ins. Co.	16535			
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138			
BioCon, Inc. 125 May Street	INSURER D:				
Edison, NJ 08837-9947	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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	X		W148A6220901	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000,000
							MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included
	X POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
В	OTHER: AUTOMOBILE LIABILITY X ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			DAF0011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
С		Y						\$	
	X EXCESS LIAB X CLAIMS	MADE 0		LHZ793572	1/1/2022	1/1/2023	AGGREGATE Term Aggr(CPRG)	\$	10,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		WC-0289833-04	1/1/2022	1/1/2023	X PER OTH- STATUTE ER	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A			,,,,=0==		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		1,000,000
Α	DÉSCRIPTION OF OPERATIONS below Cyber Liability			V2C30D210201	8/8/2021	8/8/2022	E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liabliity-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

Vizient, the Clients, and the Members are listed as additional insureds for Commercial General Liability only coverage to the extent provided on the attached forms #E00983 and E03340.

CERTIFICATE HOLDER	CANCELLATION
Vizient Supply, LLC 290 E. John Carpenter Frwy Irving, TX 75062	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
iiviiig, 12.73002	AUTHORIZED REPRESENTATIVE

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. PERSONS INSURED is amended to include the following:

Any person or organization that is a vendor of the **Named Insured** (hereinafter referred to as "Vendor"), but only with respect to the sale in the regular course of the Vendor's business, of the **Named Insured's Products**:

Provided, however that coverage afforded to the Vendor shall not apply to:

- a. any express warranty, unauthorized by the **Named Insured**;
- b. any act of the Vendor which changes the condition or composition of the product;
- c. any failure to maintain the product in a merchantable condition;
- d. any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the product; or
- e. products which after the distribution or sale by the **Named Insured** have been labelled or relabelled or used as a container, part or ingredient of any other product, thing or substance by or for the Vendor.
- 2. The coverage afforded by this endorsement does not apply to any person or organization from whom the **Named Insured** has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

All other terms and conditions of this Policy remain unchanged.

Effective date of this Endorsement: 01-Jan-2020
This Endorsement is attached to and forms a part of Policy Number: W148A6200701
Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the

"Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY (WITH WAIVER/PRIMARY COVERAGE)

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Solely in relation to coverage provided under **INSURING AGREEMENTS**, **A.** 2. **General Liability**, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

- The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- The obligation to defend the Additional Insured, has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured:
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

The Underwriters waive any right of recovery the Underwriters may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

E03340 Page 1 of 2

The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.

All other terms and conditions of this Policy remain unchanged.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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 contificate holder is an ADDITIONAL INSURED, the noticy/ice) must have ADDITIONAL INSURED provisions or he andersed

lf th	SU is c	BROGATION IS WAIVED, subjectificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may	•		
PROD	UCE	R License # 954553				CONTACT Sue Nisoff					
Assu	ırec Kir	IPartners of Ohio, LLC nross Lakes Parkway #300				PHONE (A/C, No	o, Ext): (440) 8	395-6550	FAX (A/C, N	_{lo):} (440)	356-2126
Rich	fiel	d, OH 44286				E-MAIL ADDRE	_{ss:} sue.niso	ff@assure	dpartners.com		
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Beazle	y Insurance	Company, Inc		37540
INSU	RED					INSURE	R B : Zurich	American I	ns. Co.		16535
		Musculoskeletal Transplant	Four	ndatio	on	INSURE	R C : Landm	ark America	an Insurance Comp	any	33138
		BioCon, Inc. 125 May Street				INSURER D:					
		Edison, NJ 08837-9947				INSURER E:					
						INSURER F:					
CO	/ER	AGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
IN	DIC	IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY	REQUI	REME	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RES	SPECT TO	WHICH THIS
		JSIONS AND CONDITIONS OF SUCH								I IO ALL	THE TERIVIS,
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Ц	MITS	
Α	Х	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR			W148A6220901		1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	Included
			1					I			10 000 000

	_		HAOD WW	10	(WINNEDDITTILITY	(INTINIO DI LI LI)		
Α	X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 10,000,000
		X CLAIMS-MADE OCCUR		W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ Included
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 10,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 10,000,000
		OTHER:						\$
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO		BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
С		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	X	EXCESS LIAB X CLAIMS-MADE		LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$
		DED X RETENTION \$ 0					Term Aggr(CPRG)	\$ 10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A	WC-0289833-04	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$ 1,000,000
		ICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
_	-						•	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Prod.-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
WellStar Health System 805 Sandy Plains Road Marietta, GA 30066	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
iwarietta, GA 30000	AUTHORIZED REPRESENTATIVE
10000 05 (0010(00)	0.4000 0045 400DD 00DD0D4510N 4N 4 1 4





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2021

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).

this certificate does not confer rights to the certificate holder in lieu of su		atement on				
PRODUCER License # 954553	CONTACT Sue Nisoff					
AssuredPartners of Ohio, LLC 3900 Kinross Lakes Parkway #300	PHONE (A/C, No, Ext): (440) 895-6550 FAX (A/C, No): (440) 3	356-2126				
Richfield, OH 44286	E-MAIL ADDRESS: sue.nisoff@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Beazley Insurance Company, Inc	37540				
INSURED	INSURER B : Zurich American Ins. Co.	16535				
Musculoskeletal Transplant Foundation	INSURER C: Landmark American Insurance Company	33138				
BioCon, Inc. 125 May Street	INSURER D:					
Edison, NJ 08837-9947	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW!						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORM						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.					
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	Х	COMMERCIAL GENERAL LIABILITY				(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	10,000,000
		X CLAIMS-MADE OCCUR			W148A6220901	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	Included
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	10,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	10,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BAP6011025-01	4/1/2021	4/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X	EXCESS LIAB X CLAIMS-MADE			LHZ793572	1/1/2022	1/1/2023	AGGREGATE	\$	
		DED X RETENTION\$ 0						Term Aggr(CPRG)	\$	10,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					1/1/2022	1/1/2023	X PER OTH-		
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC-0289833-04			E.L. EACH ACCIDENT	\$	1,000,000
	(Man							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
l										
PERCENTION OF OPEN ATIONS (VEHICLE OF ACCOUNTS) AND ADMINISTRATION OF A MARKET										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$10,000,000 Landmark Limit is Excess of the Beazley Primary GL-Products Liability-Professional; \$5,000,0000 Arch Limit is Excess of Landmark.

CERTIFICATE HOLDER	CANCELLATION
Wellstar Health System 793 Sawyer Road Marietta, GA 30062	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
marietta, GA 30002	AUTHORIZED REPRESENTATIVE