CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/23/2026

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
Marsh & McLennan Agency LLC
Marsh & McLennan Ins. Agency LLC
PO Box 85638
San Diego CA 92186

License#: 0H18131

CONTACT NAME: Alyssa Ponn
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E-MAIL ADDRESS: Alyssa.Ponn@MarshMMA.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Chubb Custom Insurance Company	38989
INSURER B : Beazley Excess and Surplus Ins, Inc.	17520
INSURER C : Columbia Casualty Company	31127
INSURER D : Beazley Insurance Company, Inc.	37540
INSURER E : Great Northern Insurance Company	20303
INSURER F : Bankers Standard Insurance Company	18279

INSURED
Musculoskeletal Transplant Foundation
DBA MTF Biologics
125 May St
Edison NJ 08837

BIOCON

COVERAGES **CERTIFICATE NUMBER:** 1818072248 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			36096969	4/1/2026	4/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 10,000,000 $ 10,000,000 $ 15,000 $ 10,000,000 $ 10,000,000 $ 10,000,000 $
E	**AUTOMOBILE LIABILITY** X ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			73647935	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 2,000,000 $ $ $ $
B	☐ **UMBRELLA LIAB** ☐ OCCUR X **EXCESS LIAB** X CLAIMS-MADE ☐ DED ☐ RETENTION $			D148A6261301	4/1/2026	4/1/2027	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
F	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		71873727	1/1/2026	1/1/2027	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A C D	HEALTHCARE PROFESSIONAL LIABILITY EXCESS LIABILITY - PCO / PL CYBER LIABILITY			79982601 8038151967 V2C30D250601	4/1/2026 4/1/2026 8/8/2025	4/1/2027 4/1/2027 8/8/2026	EACH WRONGFUL ACT/AGG EXCESS EACH OCC / AGG CYBER AGGREGATE	$10,000,000 $5,000,000 $5,000,000

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

A: Policy # 36096969
General Liability: Claims Made - Aggregate Deductible: $1,250,000 Applicable to General Liability - Retroactive Date: 01/30/1987
Products / Completed Operations: Claims Made - Bodily Injury & Property Damage Deductible: $250,000 Each Claim - Retroactive Date: 01/30/1987
Abuse or Molestation: - Claims Made - Aggregate Limit: $1,000,000 - Deductible: $250,000 Each Claim Retroactive Date: 01/30/1987
Combined Total Aggregate Limit: $10,000,000 Per Policy Form 10-02-2004 (GL / PCO / HCPL / AM)
Product Withdrawal Expense: Each Defect Limit: $250,000 - Aggregate Limit: $250,000 - Retained Limit $250,000
A: Policy # 79982601
Healthcare Professional Liability: Claims Made - Deductible: $250,000 Each Claim / $1,250,000 Aggregate
See Attached...

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

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

AGENCY CUSTOMER ID: BIOCON

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh & McLennan Agency LLC	Musculoskeletal Transplant Foundation DBA MTF Biologics 125 May St Edison NJ 08837
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Combined Total Aggregate Limit: $10,000,000 Per Policy Form 80-02-0039 (GL / PCO / HCPL / AM)
Retroactive Date: 01/30/1987 or per Named Insured schedule:
Pennsylvania Regional Tissue and Transplant Bank - 08/14/1978
Musculoskeletal Transplant Foundation, Inc - 01/30/1987
International Institute for the Advancement of Medicine - 08/14/1978
Tissue Transformation Technologies, Inc. - 11/27/1999
Statline, LLC - 09/09/1996
BioCon, Inc - 08/19/1998
B: Policy # D148A6261301 - Excess Liability: Follow Form - Underlying Schedule includes General Liability, Products / Completed Operations Policy # 36096969 and Healthcare Professional Liability Policy # 79982601
C: Excess Liability Policy # 8037774765 - Underlying Schedule includes Excess Products / Completed Operations and Professional Liability Policy # D148A6261301
D: Cyber Liability Policy V2C30D250601 - Claims Made - Continuity Date: 08-Aug-2020
Evidence of Insurance. Subject to said policy limits, terms, and exclusions.