



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/5/2026

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	CONTACT	
	NAME: Alyssa Ponn	
Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego CA 92186	PHONE (A/C, No. Ext): 858-200-9273	FAX (A/C, No):
	E-MAIL ADDRESS: Alyssa.Ponn@MarshMMA.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Lloyd's Syndicate 3623		99999
INSURER B : Landmark American Insurance Company		33138
INSURER C : Arch Specialty Insurance Company		21199
INSURER D : Beazley Insurance Company, Inc.		37540
INSURER E : Great Northern Insurance Company		20303
INSURER F : Bankers Standard Insurance Company		18279

COVERAGES

CERTIFICATE NUMBER: 2079295567

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 25,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC OTHER:			W148A6241201	1/1/2025	4/1/2026	EACH OCCURRENCE	\$ 10,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$ Included	
							GENERAL AGGREGATE	\$ 10,000,000	
							PRODUCTS - COMP/OP AGG	\$ 10,000,000	
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			73647935	1/1/2026	4/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
BODILY INJURY (Per person)							\$		
BODILY INJURY (Per accident)							\$		
PROPERTY DAMAGE (Per accident)							\$		
							\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$:			LHZ863861	1/1/2025	4/1/2026	EACH OCCURRENCE	\$	
							AGGREGATE	\$ 10,000,000	
								\$	
F	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y / N N / A		71873727	1/1/2026	4/1/2026	X PER STATUTE	OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
							C D	Excess Liability Cyber Liability Claims-Made	

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

The \$10,000,000 Landmark Policy # LHZ863861 is excess of the Beazley Primary GL-Products-Professional Liability Policy # W148A6241201;

The \$5,000,000 Arch Policy # UFE005636011 limit is excess of the Landmark Policy.

Evidence of Insurance. Subject to said policy limits, terms, and exclusions.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/5/2026

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	CONTACT NAME: Alyssa Ponn PHONE (A/C, No. Ext): 858-200-9273 FAX (A/C, No): E-MAIL ADDRESS: Alyssa.Ponn@MarshMMA.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Lloyd's Syndicate 3623 99999	
	INSURER B : Landmark American Insurance Company 33138	
	INSURER C : Arch Specialty Insurance Company 21199	
	INSURER D : Beazley Insurance Company, Inc. 37540	
	INSURER E : Great Northern Insurance Company 20303	
	INSURER F : Bankers Standard Insurance Company 18279	
	License#: 0H18131	
	BIOCON	
INSURED Musculoskeletal Transplant Foundation 125 May St Edison NJ 08837		

COVERAGES **CERTIFICATE NUMBER:** 488714317 **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	COMMERCIAL GENERAL LIABILITY			W148A6241201	1/1/2025	4/1/2026	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 OTHER: \$							
	X CLAIMS-MADE <input type="checkbox"/> OCCUR													
	X 25,000													
	GEN'L AGGREGATE LIMIT APPLIES PER:													
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC													
	OTHER:													
E	AUTOMOBILE LIABILITY			73647935	1/1/2026	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$							
	X ANY AUTO													
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS													
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY													
B	UMBRELLA LIAB			LHZ863861	1/1/2025	4/1/2026	EACH OCCURRENCE \$ AGGREGATE \$ 10,000,000 \$							
	X EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE													
	DED <input type="checkbox"/> RETENTION \$													
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N N / A	71873727	1/1/2026	4/1/2026	X PER STATUTE OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>													
	(Mandatory in NH)													
	If yes, describe under DESCRIPTION OF OPERATIONS below													
C	Excess Liability Cyber Liability Claims-Made			UFE005636011 V2C30D250601	1/1/2025 8/8/2025	4/1/2026 8/8/2026	Excess Each Occ/Agg Cyber Aggregate \$ 5,000,000 \$ 5,000,000							

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

The \$10,000,000 Landmark Policy # LHZ863861 is excess of the Beazley Primary GL-Products-Professional Liability Policy # W148A6241201; The \$5,000,000 Arch Policy # UFE005636011 limit is excess of the Landmark Policy.

Evidence of Insurance. Subject to said policy limits, terms, and exclusions.

CERTIFICATE HOLDER

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/5/2026

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	CONTACT NAME: Alyssa Ponn	
	PHONE (A/C, No, Ext): 858-200-9273	FAX (A/C, No):
INSURED Musculoskeletal Transplant Foundation DBA MTF Biologics 125 May St Edison NJ 08837	E-MAIL ADDRESS: Alyssa.Ponn@MarshMMA.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
License#: 0H18131 BIOCON	INSURER A: Lloyd's Syndicate 3623	99999
	INSURER B: Landmark American Insurance Company	33138
	INSURER C: Arch Specialty Insurance Company	21199
	INSURER D: Beazley Insurance Company, Inc.	37540
	INSURER E: Great Northern Insurance Company	20303
	INSURER F: Bankers Standard Insurance Company	18279

COVERAGES

CERTIFICATE NUMBER: 1137560001

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				W148A6241201	1/1/2025	4/1/2026	EACH OCCURRENCE	\$ 10,000,000				
	X CLAIMS-MADE	<input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 250,000				
	X \$25K GL Ded							MED EXP (Any one person)	\$ 10,000				
	X \$250K PL/PCO Ded							PERSONAL & ADV INJURY	\$ INCLUDED				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 10,000,000				
	X POLICY	<input type="checkbox"/> PRO- JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 10,000,000				
E	AUTOMOBILE LIABILITY				73647935	1/1/2026	4/1/2026	PROF. LIABILITY AGG	\$ 10,000,000				
	X ANY AUTO							COMBINED SINGLE LIMIT (EA accident)	\$ 2,000,000				
	OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$				
	Hired AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$				
								PROPERTY DAMAGE (Per accident)	\$				
B	UMBRELLA LIAB		<input type="checkbox"/> OCCUR		LHZ863861	1/1/2025	4/1/2026	EACH OCCURRENCE	\$ 10,000,000				
	X EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 10,000,000				
	DED <input type="checkbox"/> X RETENTION \$ 0								\$				
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			<input type="checkbox"/> Y/N	71873727	1/1/2026	1/1/2027	X PER STATUTE	OTHE-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000				
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000				
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
C	Excess Liability - GL/PL/PCO Cyber Liability				UFE005636011 V2C30D250601	1/1/2025 8/8/2025	4/1/2026 8/8/2026	Excess Each Occ/Agg Cyber Aggregate	\$ 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: General Liability Policy W148A6241201 - Damage to Rented Premises Deductible: \$25,000 Each Claim; Medical Expense Deductible: \$10,000 Each Claim

Retroactive Dates:

Professional Liability - 19 August 1998 or per Named Insured schedule:

Pennsylvania Regional Tissue and Transplant Bank - 14 August 1978

Musculoskeletal Transplant Foundation, Inc - 30 January 1987

International Institute for the Advancement of Medicine - 14 August 1978

Tissue Transformation Technologies, Inc. - 24 November 1999

Statline, LLC - 09 September 1996

See Attached...

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	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

© 1988-2015 ACORD CORPORATION. All rights reserved.