



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/16/2026

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: Edward Brown    |                |
|          | PHONE (A/C, No. Ext):         | FAX (A/C, No): |
|          | E-MAIL ADDRESS:               |                |
|          | INSURER(S) AFFORDING COVERAGE | NAIC #         |
|          | INSURER A: nce Co             |                |
| INSURED  | INSURER B: e Co               |                |
|          | INSURER C:                    |                |
|          | INSURER D:                    |                |
|          | INSURER E:                    |                |
|          | INSURER F:                    |                |

## COVERAGES

CERTIFICATE NUMBER: CL2631662833

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                                          |                                                                  |          |               |                         |                         | EACH OCCURRENCE \$ 1,000,000                                                    |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |                                                                  |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000                            |
|          |                                                                                                           |                                                                  |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                                               |
|          |                                                                                                           |                                                                  |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |                                                                  |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                                  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                                  |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                             |
|          | OTHER:                                                                                                    |                                                                  |          |               |                         |                         | Non-owned \$ 1,000,000                                                          |
|          | AUTOMOBILE LIABILITY                                                                                      |                                                                  |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                          |
|          | <input type="checkbox"/> ANY AUTO                                                                         |                                                                  |          |               |                         |                         | BODILY INJURY (Per person) \$                                                   |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                        |                                                                  |          |               |                         |                         | BODILY INJURY (Per accident) \$                                                 |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                   |                                                                  |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                               |
|          |                                                                                                           |                                                                  |          |               |                         |                         | \$                                                                              |
|          | UMBRELLA LIAB                                                                                             |                                                                  |          |               |                         |                         | EACH OCCURRENCE \$                                                              |
|          | EXCESS LIAB                                                                                               |                                                                  |          |               |                         |                         | AGGREGATE \$                                                                    |
|          | DED RETENTION \$                                                                                          |                                                                  |          |               |                         |                         | \$                                                                              |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             |                                                                  |          |               |                         |                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | Y/N                                                              |          |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000                                                 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | N/A      |               |                         |                         | 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)

## CERTIFICATE HOLDER

## CANCELLATION

Redbud Foundation, Inc.

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

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| PRODUCER | CONTACT NAME:                 | Edward Brown |                |
|          | PHONE (A/C, No, Ext):         |              | FAX (A/C, No): |
|          | E-MAIL ADDRESS:               |              |                |
|          | INSURER(S) AFFORDING COVERAGE |              | NAIC #         |
|          | INSURER A:                    | nce Co       |                |
|          | INSURER B:                    | e Co         |                |
| INSURED  | INSURER C:                    |              |                |
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| 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                                          |                                       |          |               |                         |                         | EACH OCCURRENCE \$ 1,000,000                                                    |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |                                       |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000                            |
|          |                                                                                                           |                                       |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                                               |
|          |                                                                                                           |                                       |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |                                       |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                                  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                       |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                             |
|          | OTHER:                                                                                                    |                                       |          |               |                         |                         | Non-owned \$ 1,000,000                                                          |
|          | AUTOMOBILE LIABILITY                                                                                      |                                       |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                          |
|          | <input type="checkbox"/> ANY AUTO                                                                         |                                       |          |               |                         |                         | BODILY INJURY (Per person) \$                                                   |
|          | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |                                       |          |               |                         |                         | BODILY INJURY (Per accident) \$                                                 |
|          | <input type="checkbox"/> HIRED AUTOS ONLY                                                                 |                                       |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                               |
|          | <input type="checkbox"/> SCHEDULED AUTOS                                                                  |                                       |          |               |                         |                         |                                                                                 |
|          | <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                             |                                       |          |               |                         |                         |                                                                                 |
|          | UMBRELLA LIAB                                                                                             |                                       |          |               |                         |                         | EACH OCCURRENCE \$                                                              |
|          | EXCESS LIAB                                                                                               |                                       |          |               |                         |                         | AGGREGATE \$                                                                    |
|          | DED                                                                                                       |                                       |          |               |                         |                         |                                                                                 |
|          | RETENTION \$                                                                                              |                                       |          |               |                         |                         |                                                                                 |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             |                                       |          |               |                         |                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | Y/N                                   |          |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000                                                 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    | <input checked="" type="checkbox"/> Y | N/A      |               |                         |                         | 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)

additional insured: 11 North Nichols Hills, 6421 Avondale Dr, Ste 204, Nichols Hills, OK 73116

Additional Insureds:

- 11 NORTH TRIANGLE AT CC OWNER, LLC
- 11 NORTH CLASSEN CURVE OWNER, LLC
- 11 NORTH NICHOLS HILLS OWNER, LLC
- Bain Capital Holdings (GP), LLC
- Bain Capital Real Estate (GP), LLC

## CERTIFICATE HOLDER

## CANCELLATION

11 North Nichols Hills

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

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AGENCY CUSTOMER ID: 01667433

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|               |           |                 |
|---------------|-----------|-----------------|
| AGENCY        |           | NAMED INSURED   |
| 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

- Bain Capital Real Estate Investors, LLC
- Boylston Partners, LLC
- Atlantic Air PI Holdings, LLC
- Atlantic Air CI Holdings, LLC
- BCRE OpCo Platform, LP
- Jones Lang LaSalle Americas, Inc