

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/04/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>EJA/Capacity Ins. Agency LLC</b> <b>217 Route 130</b> <b>Bordentown, NJ 08505</b> <b>609 291-9950</b>	<b>CONTACT NAME:</b> Valerie Fugh <b>PHONE (A/C, No, Ext):</b> 609 291-9950 <b>FAX (A/C, No):</b> 609-291-9954 <b>E-MAIL ADDRESS:</b> VFugh@ejains.com														
<b>INSURED</b> <b>CM 3 Building Solutions, Inc.</b> <b>185 Commerce Dr. Ste 1</b> <b>Fort Washington, PA 19034</b>	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Selective Way Insurance Co.</td> <td>26301</td> </tr> <tr> <td>INSURER B : Selective Ins. Co. of South Carolina</td> <td>19259</td> </tr> <tr> <td>INSURER C : Selective Ins. Co of Southeast</td> <td>39926</td> </tr> <tr> <td>INSURER D : Ironshore Specialty Insurance Co.</td> <td>25445</td> </tr> <tr> <td>INSURER E : Certain Underwriters at Lloyds London</td> <td>32727</td> </tr> <tr> <td>INSURER F : Hudson Excess Insurance Company</td> <td>14484</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Selective Way Insurance Co.	26301	INSURER B : Selective Ins. Co. of South Carolina	19259	INSURER C : Selective Ins. Co of Southeast	39926	INSURER D : Ironshore Specialty Insurance Co.	25445	INSURER E : Certain Underwriters at Lloyds London	32727	INSURER F : Hudson Excess Insurance Company	14484
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## 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		S2287014	01/02/2021	01/02/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			S2287014	01/02/2021	01/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S2287014 XS/GL/Auto/WC	01/02/2021	01/02/2022	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC9046445 NJ/DE WC9046446 PA/MD	01/02/2021 01/02/2021	01/02/2022 01/02/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Pollution/Profess			DCP7NAB507D001	01/02/2021	01/02/2022	2,000,000
E	XS Cyber			ESJ0026255058	01/02/2021	01/02/2022	5,000,000
F	Cyber			CYB30119440	01/02/2021	01/02/2022	5,000,000

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

Camden County Educational Service Commission is listed as Additional Insured (AI) with respect to GL per CG7988 0119 when AI is required in written contract.

## CERTIFICATE HOLDER

## CANCELLATION

Camden County Educational  
Service Commission  
225 White Horse Ave  
Clementonnj, NJ 08021-0000

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

