



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/2/2026

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 360 East Vine Street, Ste 200 Lexington KY 40507	CONTACT NAME: Brenda Stickrod, ACSR, AA PHONE (A/C, No, Ext): 859-254-8023 FAX (A/C, No): E-MAIL ADDRESS: Brenda.Stickrod@MarshMMA.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED CM3 BUILD CM3 Building Solutions Inc 185 Commerce Drive Suite 1 Fort Washington PA 19034	INSURER A: Continental Casualty Company NAIC #: 20443	
	INSURER B: Valley Forge Insurance Company NAIC #: 20508	
	INSURER C: National Fire Ins. Co. of Hartford NAIC #: 20478	
	INSURER D: Lloyds of London NAIC #: 55555	
	INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1958431658

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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> D GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	7037044900	3/19/2025	3/31/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	7037044928	3/19/2025	3/31/2026	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	7037044931	3/19/2025	3/31/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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/A	WC737044914	3/19/2025	3/19/2026	<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	Professional/Pollution			B0621PCMBU000225	1/2/2026	3/31/2027	\$2,000,000 Claim/Agg
D	Professional/Poll Excess			B0621PCMBU000325	1/2/2026	3/31/2027	\$3,000,000 Claim/Agg

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

The following placement for Excess Liability was made by Marsh USA Inc. Marsh & McLennan Agency LLC has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience.

Umbrella
 Policy #UMB5700287
 Policy Term: 4/1/2025 to 4/1/2026
 Carrier: Mitsui Sumitomo Insurance USA, Inc.
 See Attached...

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

Chris P. Barnett

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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED CM3 Building Solutions Inc 185 Commerce Drive Suite 1 Fort Washington PA 19034	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Aggregate Limit: \$4,000,000
Each Occurrence Limit: \$4,000,000

Other Liability Continued:

Tech E&O
Policy #7600111490000
Policy Term: 3/19/2025 - 3/31/2026
Insurer D: Atlantic Specialty Insurance Co
Aggregate Limit: \$5,000,000
Each Claim Limit: \$5,000,000
Retention: \$50,000

Cyber Liability - Primary Layer Including Crime
Policy #107960112
Policy Term: 1/2/2025 - 3/31/2026
Insurer E: Travelers Casualty and Surety Company of America
Cyber Aggregate Limit: \$5,000,000
Cyber Each Claim Limit: \$5,000,000
Cyber Retention: \$25,000
Employee Theft of Client Property: \$1,000,000
Retention: \$5,000

Inland Marine - Leased/Rented Equipment
Policy #7037044900
Policy Term: 3/19/2025 - 3/31/2026
Insurer A: National Fire Ins Co of Hartford
Limit Per Occurrence - \$500,000
Limit Per Item - \$500,000
Deductible: \$1,000
Valuation: Actual Cash Value

Installation
Policy #7037044900
Policy Term: 3/19/2025 - 3/31/2026
Insurer A: National Fire Ins Co of Hartford
Limit Per Occurrence - \$550,000

Business Personal Property
Policy #7037044900
Policy Term: 3/19/2025 - 3/31/2026
Insurer A: National Fire Ins Co of Hartford
Limit - \$10,000,000
Deductible - \$1,000

Camden County Educational Service Commission is included as additional insured for general liability coverage as required by written contract.