



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/07/2026

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED The Hershey Company 19 E Chocolate Avenue Hershey PA 17033-1314 USA	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: XL Insurance America Inc</td><td>24554</td></tr><tr><td>INSURER B: XL Specialty Insurance Co</td><td>37885</td></tr><tr><td>INSURER C: Greenwich Insurance Company</td><td>22322</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: XL Insurance America Inc	24554	INSURER B: XL Specialty Insurance Co	37885	INSURER C: Greenwich Insurance Company	22322	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 570117569287 **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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
C	X	COMMERCIAL GENERAL LIABILITY				RGO300063911 SIR applies per policy terms & conditions	01/01/2026	01/01/2027	EACH OCCURRENCE		\$1,900,000		
		CLAIMS-MADE	X	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$1,900,000				
					MED EXP (Any one person)				Excluded				
					PERSONAL & ADV INJURY				\$1,900,000				
					GENERAL AGGREGATE				\$4,000,000				
					PRODUCTS - COMP/OP AGG				\$4,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:												
	X	POLICY		PRO-JECT		LOC							
		OTHER:											
C		AUTOMOBILE LIABILITY				RAD943773310	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident)		\$5,000,000		
	X	ANY AUTO			BODILY INJURY (Per person)								
		OWNED AUTOS ONLY		SCHEDULED AUTOS	BODILY INJURY (Per accident)								
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)								
B	X	UMBRELLA LIAB		X	OCCUR	US00066410LI26A	01/01/2026	01/01/2027	EACH OCCURRENCE		\$15,000,000		
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE		\$15,000,000		
		DED	X	RETENTION \$10,000									
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				RWD300064011	01/01/2026	01/01/2027	X	PER STATUTE		OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							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			
B		Excess Workers Compensation				RWE943547111 23-24 Excess WC (IL, PA, SIR applies per policy terms & conditions	01/01/2026	01/01/2027	EL Each Accident		\$1,000,000		
									EL Disease - Policy		\$1,000,000		
									EL Disease - Ea Emp		\$1,000,000		

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

Workers Compensation Policy includes Employer's Liability for monopolistic states of North Dakota, Ohio, and Washington. The Hershey Company and its subsidiaries and affiliates including, but not limited to the following: Artisan Confections Company LLC, Hershey Chocolate of Virginia LLC, Hershey Chocolate & Confections Company Inc, The Hershey Salty Snacks Sales Company, Inc., The Hershey Sourcing Company, The Hershey Sales Company, The Hershey Investment Company LLC, The Hershey Licensing Company, Lily's Sweets, LLC., The Hershey Salty Snacks Company, Pretzels LLC. Additional Insured is included when required by written contract and in accordance with the policy provisions of the General Liability and Automobile Liability policies. Waiver of Subrogation is granted when required by written contract (except where not permitted by law), and in accordance with

CERTIFICATE HOLDER Hershey Customer or Business Partner 19 E. Chocolate Avenue Hershey PA 17033 USA	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 <i>Aon Risk Services Central, Inc.</i>
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Holder Identifier :

570117569287

Certificate No :



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED The Hershey Company	
POLICY NUMBER See Certificate Number: 570117569287			
CARRIER See Certificate Number: 570117569287	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

the policy provisions of the General Liability, Worker's Compensation and Automobile Liability policies. Primary and not contributing status shall apply when required by written contract and in accordance with the policy provisions of the General Liability policy. Automobile Liability coverage is primary for any liability assumed when required by written contract. 30 Days Advanced Notice of Cancellation is provided for the General Liability, Automobile Liability and Workers Compensation policies in the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium. Advanced written notice will be mailed or delivered to person(s) or Insurance no less than 45 days prior to the effective date of cancellation.



ADDITIONAL REMARKS SCHEDULE

Page _ of _

<small>AGENCY</small> Aon Risk Services Central, Inc.		<small>NAMED INSURED</small> The Hershey Company	
<small>POLICY NUMBER</small> See Certificate Number: 570117569287			
<small>CARRIER</small> See Certificate Number: 570117569287	<small>NAIC CODE</small>		
		<small>EFFECTIVE DATE:</small>	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds

The Hershey Company and its subsidiaries and affiliates including, but is not limited to the following: Artisan Confections Company LLC, Hershey Chocolate of Virginia LLC, Hershey Chocolate & Confectionery LLC, Hershey International Ltd., CSH Foods, Inc., Ripple Brand Collective LLC, Joseph Schmidt Confections Company Inc, The Hershey Salty Snacks Sales Company., ONE Brands, LLC, The Hershey Sourcing Company, The Hershey Sales Company, The Hershey Investment Company LLC , The Hershey Licensing Company, Lily's Sweets, LLC., The Hershey Salty Snacks Company and Pretzels LLC. Additional Insured is included when required by written contract and in accordance with the policy provisions of the General Liability and Automobile Liability policies.