



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	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122		FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:		
INSURED	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:			

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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RGO300063911 SIR applies per policy terms & conditions	01/01/2026	01/01/2027	EACH OCCURRENCE	\$1,900,000	
							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	
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			RAD943773310	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (ea accident)	\$5,000,000	
							BODILY INJURY (Per person)		
							BODILY INJURY (Per accident)		
							PROPERTY DAMAGE (Per accident)		
B	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			US00066410LI26A	01/01/2026	01/01/2027	EACH OCCURRENCE	\$15,000,000	
							AGGREGATE	\$15,000,000	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N N	N/A	RWD300064011	01/01/2026	01/01/2027	X PER STATUTE	OTHE- ER	
							E.L. EACH ACCIDENT	\$1,000,000	
							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 monopoltized 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	CANCELLATION
Hershey Customer or Business Partner 19 E. Chocolate Avenue Hershey PA 17033 USA	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>Ann Risk Services Central Inc</i>

Holder Identifier :

570117569287
Certificate No :





ADDITIONAL REMARKS SCHEDULE

Page _ of _

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

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

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.