



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/28/2023

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 15th 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:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: XL Specialty Insurance Co</td> <td>37885</td> </tr> <tr> <td>INSURER B: XL Insurance America Inc</td> <td>24554</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: XL Specialty Insurance Co	37885	INSURER B: XL Insurance America Inc	24554	INSURER C: Greenwich Insurance Company	22322	INSURER D:		INSURER E:		INSURER F:
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INSURED The Hershey Company 19 E Chocolate Avenue Hershey PA 17033-1314 USA	INSURER A: XL Specialty Insurance Co		37885												
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Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570096795444 **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RGO300063909 SIR applies per policy terms & conditions	01/01/2024	01/01/2025	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			RAD943773309	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
							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 DED <input checked="" type="checkbox"/> RETENTION \$10,000			US00066410LI24A	01/01/2024	01/01/2025	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			RWD300064009	01/01/2024	01/01/2025	<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
A	Excess WC			RWE943547309	01/01/2024	01/01/2025	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)

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.

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>Aon Risk Services Central, Inc.</i>

Certificate No : 570096795443





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED The Hershey Company	
POLICY NUMBER See Certificate Number: 570096795444		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570096795444	NAIC CODE		

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:

Waiver of Subrogation is granted when required by written contract (except where not permitted by law), and in accordance with 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.

Workers Compensation Policy includes Employer's Liability for monopolistic states of North Dakota, Ohio, and Washington.

Please note that because the Umbrella/Excess policy terms follow the underlying policies, there are no separate additional insured, waiver of subrogation, and primary and non-contributory endorsement applicable to this policy. Insurance coverage is subject to actual policy terms. This certificate does not amend, extend or alter the insurance coverage.