CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/28/2025

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 Sterling Seacrest Pritchard, Inc. 2500 Cumberland Pkwy Suite 400 Atlanta GA 30339 License#: 70726	CONTACT NAME: PHONE (A/C, No, Ext): 678-424-6500 FAX (A/C, No): E-MAIL ADDRESS:
INSURED Royal Food Service Co., LLC 3720 Zip Industrial Boulevard Atlanta GA 30354 ROYAFOO-01	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Zurich American Insurance Co — 16535 INSURER B : SOMPO INSURER C : SiriusPoint America Insurance Company INSURER D : Westchester Fire Insurance Co — 21121 INSURER E : Westfield Specialty Insurance Company — 16449 INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 859826373 **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	
A	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			GLO 0081104-07	3/1/2025	3/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BAP 0081105-07	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 2,000,000 $ $ $ $
B	X UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			EXC30001522305	3/1/2025	3/1/2026	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 0081103-07	3/1/2025	3/1/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C D E	Excess $5M x $5M ($2.5M Sirus) Excess $5M x $5M ($2.5M West) Excess $5M x $10M			TSX-001332-25 G48698037 001 XSL-00005R7-03	3/1/2025 3/1/2025 3/1/2025	3/1/2026 3/1/2026 3/1/2026	Each Occ/Agg Each Occ/Agg Each Occ/Agg	2,500,000 2,500,000 10,000,000

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

Excess Liability $1M x Primary Auto Lability, Policy Number: EXT30054681001, Carrier: Endurance American Insurance Company, Eff Date: 3/1/25 Exp Date: 3/1/26, Each Occ/Agg $1,000,000
Excess $1M x $1M x Primary Auto Liability, Policy Number: LHA605367, Carrier: Landmark American Insurance, Eff Date: 3/1/25 Exp Date: 3/1/26, Each Occ/Agg $1,000,000
Excess $1M x $2M x Primary Auto Liability, Policy Number: SCT1516725, Carrier: Certain Underwriters at Lloyd's of London, Eff Date: 3/1/25 Exp Date: 3/1/26, Each Occ/Agg $2,000,000
Excess $1M x $3M x Primary Auto Liability, Policy Number: USXTL0887025, Carrier: Upland Specialty Insurance Company, Eff Date: 3/1/25 Exp Date: 3/1/26, Each Occ/Agg $3,000,000
See Attached...

CERTIFICATE HOLDER

Dekalb County School District
1701 Mountain Industrial Blvd
Stone Mountain, GA 30083
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

Batty R. Miller

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD