CERTIFICATE OF LIABILITY INSURANCE

1/1/2027

DATE (MM/DD/YYYY): 3/18/2026

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 Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	**CONTACT NAME:** **PHONE (A/C, No. Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED 1063390 TYSON FOODS, INC. AND ITS MAJORITY OWNED SUBSIDIARIES ATTN: CONNIE DOWNUM PO BOX 2020 SPRINGDALE AR 72765	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** ACE American Insurance Company — 22667 **INSURER B :** Indemnity Insurance Co of North America — 43575 **INSURER C :** ACE Property and Casualty Insurance Company — 20699 **INSURER D :** Fireman's Fund Indemnity Corporation — 11380 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 23163609 **REVISION NUMBER:** XXXXXXX

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 X LMTS EXCESS $1M SELF INS. RETENTION GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC X OTHER: LOC AGG $8M	Y	Y	XSLG49369669	1/1/2026	1/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 4,000,000 $ 10,000,000 $ XXXXXXX $ 4,000,000 $ 20,000,000 $ 10,000,000 $
A D A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	ISAH11381406.. USZ00102725(EXCESS) PHYS DMG SELF INSURED	1/1/2026 1/1/2026	1/1/2027 1/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Excess EA OCC	$ 10,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ 15,000,000
C C	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 250,000	Y	Y	XEUG27935400011 AUTO RETAINED LIMIT ($25M)	1/1/2026	1/1/2027	EACH OCCURRENCE AGGREGATE PROD/COMPOP AGG	$ 15,000,000 $ 15,000,000 $ 15,000,000
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	WLRC72801787 (INSURED STATES)	1/1/2026	1/1/2027	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 4,000,000 $ 4,000,000 $ 4,000,000
A A	EXCS WC/EL ($1M SIR)	N	N	WCUC72801799 (SELF INSURED STATES)	1/1/2026	1/1/2027	WC STATUTORY EMP LIAB $3M	

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

DEKALB COUNTY SCHOOL DISTRICT IS AN ADDITIONAL INSURED ON GENERAL, AUTO, AND UMBRELLA LIABILITY COVERAGE, IF REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IN FAVOR OF THE ADDITIONAL INSURED APPLIES ON WC, GL, AUTO, UMB COVERAGE, IF REQUIRED BY WRITTEN CONTRACT AND WHERE ALLOWED BY LAW. COVERAGE IS SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

CERTIFICATE HOLDER

23163609
DEKALB COUNTY SCHOOL DISTRICT
1701 MOUNTAIN INDUSTRIAL BLVD
STONE MOUNTAIN, GA 30083

CANCELLATION See Attachment

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

Joseph M Agnello

Entity Nam	Subsidiary of	Assumed Name/dba/Label
Advance Food Company, LLC	AdvancePierre Foods, Inc.	
AdvancePierre Foods Holdings, Inc.	Tyson Foods, Inc.	
AdvancePierre Foods, Inc.	Tyson Foods, Inc.	
Aidells Sausage Company, Inc.	The Hillshire Brands Company	
Allied Specialty Foods, Inc.	AdvancePierre Foods, Inc.	
Artisan Bread Co., LLC	Tyson Refrigerated Processed Meats, Inc.	Bosco's Pizza Co.
Barber Foods, LLC	AdvancePierre Foods, Inc.	
Bryan Foods, Inc.	The Hillshire Brands Company	
CBFA Management Corp.	Foodbrands America, Inc.	
Central Industries, Inc.	Tyson Farms, Inc.	
Cobb Worldwide Holding Company	Tyson International Holding Company	
Cobb-Heritage, LLC	Cobb-Vantress, Inc.	
Cobb-Vantress, Inc.	Tyson Foods, Inc.	
Cobb-Vantress, LLC	Tyson International Holding Company	
Deoro Foods LLC	Tyson Poultry, Inc.	
DFG Foods, Inc.	Foodbrands America, Inc.	
Dorada Poultry, LLC	N/A	
Egbert LLC	The Hillshire Brands Company	
Flavor One Corp.	The Hillshire Brands Company	
Flavor Holdings, Inc.	The Hillshire Brands Company	
Foodbrands America, Inc.	IBP Foodservice, LLC	
Foodbrands Supply Chain Services, Inc.	Foodbrands America, Inc.	
Gallo Salame, Inc.	The Hillshire Brands Company	
Global Employment Services, Inc.	Tyson Foods, Inc.	
Hillshire Grain Services, LLC	The Hillshire Brands Company	Tyson Foods Local Grain Services
Hudson Midwest Foods, Inc.	Tyson Chicken, Inc.	
JST Global, LLC	Tyson Fresh Meats, Inc.	
Keystone Foods LLC	Keystone Foods Intermediate LLC	
Keystone Management, Inc.	Keystone Foods Intermediate LLC	
Madison Foods, Inc.	Tyson Fresh Meats, Inc.	
MFG (USA) Holdings, Inc.	Tyson Foods, Inc.	

New Canada Holdings, Inc.	Tyson Fresh Meats, Inc.	
Oaklawn Capital Corporation	Tyson Foods, Inc.	
Original Philly Holdings, Inc.	AdvancePierre Foods, Inc.	Philadelphia Cheesesteak Company
Original Philly Holdings, Inc.	AdvancePierre Foods, Inc.	Original Philly Cheesesteak Co.
Original Philly Holdings, Inc.	AdvancePierre Foods, Inc.	Philadelphia Pre-Cooked Steak Co
Original Philly Holdings, Inc.	AdvancePierre Foods, Inc.	The Original Philly Cheesesteak
PBX, Inc.	Tyson Fresh Meats, Inc.	
Perry Development, LLC	Tyson Fresh Meats, Inc.	
Pierre Holdco, Inc.	AdvancePierre Foods Holdings, Inc.	
River Valley Ingredients, LLC	Tyson Poultry, Inc.	
Rural Energy Systems, Inc.	Tyson Fresh Meats, Inc.	
Sara Lee Foods, LLC	The Hillshire Brands Company	
Sara Lee International TM Holdings LLC	The Hillshire Brands Company	
Sara Lee TM Holdings LLC	The Hillshire Brands Company	
Sara Lee Trademark Holdings Australasia LLC	The Hillshire Brands Company	
Saramar, L.L.C.	The Hillshire Brands Company	
Southwest Products, LLC	Tyson Foods, Inc.	
TACL Assurance, LLC		
Tecumseh Poultry LLC	Tyson Foods, Inc.	Smart Chicken
Texas Transfer, Inc.	Tyson Fresh Meats, Inc.	
TFA Leasing, LLC	Tyson Farms, Inc.	
TFA Opportunity Zone Fund, LLC	Tyson Farms, Inc.	
TFI of California, Inc.	The Hillshire Brands Company	
The Bruss Company	Foodbrands America, Inc.	
The Hillshire Brands Company	Tyson Foods, Inc.	Delta Valley
The Hillshire Brands Company	Tyson Foods, Inc.	Galileo Foods
The Hillshire Brands Company	Tyson Foods, Inc.	Lahli
The Hillshire Brands Company	Tyson Foods, Inc.	Russer Foods
The Hillshire Brands Company	Tyson Foods, Inc.	The Hillshire Brands Company Corp
The IBP Foods Co.	Tyson Fresh Meats, Inc.	
The Pork Group, Inc.	Tyson Foods, Inc.	
Ty-Pro LLC	Tyson Fresh Meats, Inc.	
Tyson Breeders, Inc.	Tyson Foods, Inc.	
Tyson Case Ready, LLC	Tyson Fresh Meats, Inc.	

Tyson Chicken, Inc.	Tyson Foods, Inc.	
Tyson Deli, Inc.	Foodbrands America, Inc.	
Tyson Farms QOZB, LLC	Tyson Opportunity Zone Fund LLC	
Tyson Farms, Inc.	Tyson Foods, Inc.	American Proteins
Tyson Farms, Inc.	Tyson Foods, Inc.	American Proteins, Inc.
Tyson Farms, Inc.	Tyson Foods, Inc.	River Valley Animal Foods
Tyson Farms, Inc.	Tyson Foods, Inc.	River Valley Ingredients
Tyson Farms, Inc.	Tyson Foods, Inc.	Tyson Ingredient Solutions
Tyson Farms, Inc.	Tyson Foods, Inc.	Tyson Foods Local Grain Services
Tyson Foods Arkansas PAC		
Tyson Foods, Inc.		
Tyson Foods, Inc. Political Action Committee (TYPAC)		
Tyson Fresh Meats Sales and Distribution, LLC	Tyson Fresh Meats, Inc.	
Tyson Fresh Meats, Inc.	Tyson Foods, Inc.	Dakota Technology Company
Tyson Fresh Meats, Inc.	Tyson Foods, Inc.	IBP, inc.
Tyson Fresh Meats, Inc.	Tyson Foods, Inc.	Madison Processed Meats
Tyson Fresh Meats, Inc.	Tyson Farms, Inc.	NatureRaised Farms
Tyson Fresh Meats, Inc.	Tyson Foods, Inc.	TASCO
Tyson Fresh Meats, Inc.	Tyson Foods, Inc.	TASCO Centrifuge
Tyson Fresh Meats, Inc.	Tyson Foods, Inc.	Thomas E. Wilson Foods
Tyson Fresh Meats, Inc.	Tyson Foods, Inc.	Trans Continental Cold Storage
Tyson Fresh Meats, Inc.	Tyson Foods, Inc.	Transcontinental Cold Storage
Tyson Fresh Meats, Inc.	Tyson Foods, Inc.	TSD Sales & Distribution
Tyson Hog Markets, Inc.	Tyson Fresh Meats, Inc.	
Tyson International Holding Company	New Canada Holding Inc.	
Tyson International Service Center, Inc.	Tyson Fresh Meats, Inc.	
Tyson International Service Center, Inc. Asia	Tyson International Service Center, Inc.	
Tyson International Service Center, Inc. Europe	Tyson International Service Center, Inc.	
Tyson Mexican Original, Inc.	Tyson Foods, Inc.	
Tyson New Ventures, LLC	Tyson Foods, Inc.	
Tyson of Wisconsin, LLC	Tyson Fresh Meats, Inc.	
Tyson Opportunity Zone Fund, LLC	Tyson New Ventures LLC	
Tyson Poultry, Inc.	Tyson Foods, Inc.	
Tyson Prepared Foods, Inc.	Tyson Deli, Inc.	KPR Foods
Tyson Prepared Foods, Inc.	Tyson Deli, Inc.	Rosani Foods
Tyson Prepared Foods, Inc.	Tyson Deli, Inc.	Tyson Food Service

Tyson Prepared Foods, Inc.	Tyson Deli, Inc.	Tyson Fresh Meats
Tyson Processing Services, Inc.	Tyson Fresh Meats, Inc.	
Tyson Refrigerated Processed Meats, Inc.	Foodbrands America, Inc.	
Tyson Sales and Distribution, Inc.	Tyson Foods, Inc.	
Tyson Service Center Corp.	Tyson Fresh Meats, Inc.	
Tyson Shared Services, Inc.	Tyson Foods, Inc.	Tyson Foods Local Grain Services
Tyson Storm Lake Holdings, LLC	The Hillshire Brands Company	
Tyson Warehousing Services, LLC	Tyson Foods, Inc.	
WBA Analytical Laboratories, Inc.	Tyson Foods, Inc.	
Williams Food Works and Distribution, LLC	The Hillshire Brands Company	
Williams Sausage Company, Inc.	The Hillshire Brands Company	
Wilton Foods, Inc.	Foodbrands America, Inc.	
Zemco Industries, Inc.	Foodbrands America, Inc.	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/24/2026

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.

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PRODUCER SterlingRisk 135 Crossways Park Drive P.O. Box 9017 Woodbury NY 11797	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 516-487-0300 **FAX (A/C, No):** 516-487-0372 **E-MAIL ADDRESS:** request@sterlingrisk.com
INSURED TASTBRA-01 ProView Foods, LLC. 100 Jericho Quadrangle Suite 140 Jericho NY 11753	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Charter Oak Fire Insurance Company — 25615 **INSURER B :** Travelers Indemnity Company — 25658 **INSURER C :** Phoenix Insurance Company — 25623 **INSURER D :** Twin City Fire Insurance Company — 29459 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1602243124 **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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC OTHER:			Y-630-9P502849-PHX-25	7/15/2025	7/15/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BA-9P50271A-25-14-G	7/15/2025	7/15/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
B	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			CUP-9P50300A-25-14	7/15/2025	7/15/2026	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
D	Excess Liability			12HVZBU0U1Y	7/15/2025	7/15/2026	Each Occurrence General Aggregate	$5MIL xs $5MIL $5MIL xs $5MIL

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

Evidence of Insurance.

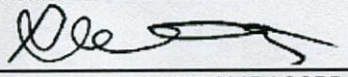
CERTIFICATE HOLDER

One for Dekalb County Schools
1701 Mountain Industrial Boulevard
Stone Mountain GA 30083

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



CERTIFICATE OF LIABILITY INSURANCE

6/1/2026

DATE (MM/DD/YYYY) 3/13/2026

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PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED 1555227 PILGRIM'S PRIDE CORPORATION 1770 PROMONTORY CIRCLE GREELEY CO 80634	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Zurich American Insurance Company 16535 INSURER B : American Zurich Insurance Company 40142 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 23150062 **REVISION NUMBER:** XXXXXXX

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 X SIR $9,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC OTHER:	Y	N	GLO930560523	6/1/2025	6/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ XXXXXXX $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	N	BAP930560323	6/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE $	$ XXXXXXX $ XXXXXXX $ XXXXXXX
B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N	WC930560623 (AOS) WC930560723 (MA,WI)	6/1/2025 6/1/2025	6/1/2026 6/1/2026	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

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

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

The Certificate holder is included as additional insured (except workers' compensation) where required by a written contract pursuant to and subject to terms, definitions, conditions and exclusions of the policies.

CERTIFICATE HOLDER

23150062
DeKalb County School District
1701 Mountain Industrial Boulevard
Stone Mountain GA 30082-1027

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 Joseph M Agnello

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/01/2025

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PRODUCER
BFL CANADA Risk and Insurance Services Inc.
Suite 200 - 1177 West Hastings Street
Vancouver, BC V6E 2K3
This certificate has been issued by BFL CANADA Risk and Insurance Services Inc. on behalf of Liberty Mutual Insurance Company with their permission

CONTACT NAME: Lai Lee
PHONE (A/C, No, Ext): 604-678-5478 FAX (A/C, No): 604-683-9316
E-MAIL ADDRESS: llee@bflcanada.ca

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Liberty Mutual Insurance Company	
INSURER B : Starr Insurance & Reinsurance Limited	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Premium Brands Holdings Corporation a/o Premium Brands Operating GP Inc.
a/o Premium Brands Operating Limited Partnership
a/o Maid-Rite Specialty Foods Inc.

100 – 10991 Shellbridge Way, Richmond, BC V6X 3C6

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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:			1000110591-16 DIC/DIL over TB1-B71-170881-015	09/30/2025	09/30/2026	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 CAD $ 2,000,000 CAD $ 10,000 CAD $ 2,000,000 CAD $ 2,000,000 CAD $ 2,000,000 CAD
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $			1000427138-06	09/30/2025	09/30/2026	EACH OCCURRENCE AGGREGATE	$ 3,000,000 CAD $ 3,000,000 CAD
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Excess Liability (Per Occurence)			1000012842251	09/30/2025	09/30/2026	$5,000,000 CAD per Occurrence and in the Aggregate, in excess of the underlying Excess Liability Limits	

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

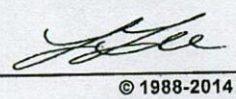
CERTIFICATE HOLDER

To Whom It May Concern

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/9/2026

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 Arthur J. Gallagher Risk Management Services, LLC 201 E 4th Street Suite 625 Cincinnati IL 45202	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 513-562-1162 **FAX (A/C, No):** 513-421-0130 **E-MAIL ADDRESS:** certrequests@ajg.com
INSURED J T M Provisions Co Inc 200 Sales Avenue Harrison, OH 45030	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** The Travelers Indemnity Company of CT — 25682 **INSURER B :** Travelers Property Casualty Company of America — 25674 **INSURER C :** Charter Oak Fire Insurance Company — 25615 **INSURER D :** Travelers Casualty and Surety Company — 19038 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 27909608 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			Y-630-7C908081-COF-26	3/11/2026	3/11/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			Y-840--8C424164-TCT-26	3/11/2026	3/11/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			CUP-0T854657-26-NF	3/11/2026	3/11/2027	EACH OCCURRENCE AGGREGATE	$ 15,000,000 $ 15,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB0K497584	3/11/2026	3/11/2027	[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

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

DeKalb County School District is included as additional insured under the general liability when required by written contract.;

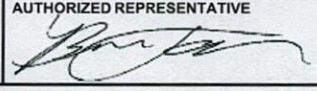
CERTIFICATE HOLDER

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/13/2025

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.

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PRODUCER
Blackadar Insurance Agency, Inc.
1436 N Ronald Reagan Blvd
Longwood FL 32750

CONTACT NAME: Matt Ullmann
PHONE (A/C, No, Ext): 407-831-3832 **FAX (A/C, No):** 407-830-4681
E-MAIL ADDRESS: Matt@blackadar.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : FCCI Insurance Company	10178
INSURER B : Monroe Guaranty Insurance Company	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED ASIANFOODS
International Food Solutions Inc.
Asian Food Solutions Inc.
Comida Vida Inc
5600 Elmhurst Circle
Oviedo FL 32765

COVERAGES **CERTIFICATE NUMBER:** 342498794 **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	
B	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL100027073-08	8/14/2025	8/14/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	**AUTOMOBILE LIABILITY** ANY AUTO OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			CA100097127 00	11/22/2024	11/22/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** CLAIMS-MADE DED [X] RETENTION $ 10,000			UMB100016398-09	8/14/2025	8/14/2026	EACH OCCURRENCE AGGREGATE $	$ 8,000,000 $ 8,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Cyber Liability			GL100027073-08	8/14/2025	8/14/2026	Annual Aggregate Lmit Deductible per Occurr	$1,000,000 $10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability- Additional Insured/Vendor Endorsement on a Primary and Non Contributory basis is included and Waiver of Subrogation applies when required by written contract. Umbrella is follow form.

CERTIFICATE HOLDER

Dekalb County School Dristrict
1701 Mountain Industrial Boulevard
Stone Mountain GA 30083-1027

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/23/2026

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.

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PRODUCER	CONTACT NAME: Marsh Affinity	
Marsh Affinity a division of Marsh USA LLC. PO BOX 14404 Des Moines, IA 50306-9686	PHONE (A/C, No, Ext): 800-743-8130	FAX (A/C, No):
	E-MAIL ADDRESS: ADPTotalSource@marsh.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Illinois National Ins Co	23817
INSURED	INSURER B :	
ADP TotalSource CO XXI, Inc. 5800 Windward Parkway Alpharetta, GA 30005 Alternate Employer: International Food Solutions, Inc. 5600 ELMHURST CIRCLE Oviedo, FL 327650000	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ 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)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 063528456 FL	07/01/2025	07/01/2026	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All worksite employees working for International Food Solutions, Inc. paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. International Food Solutions, Inc. is an alternate employer under this policy. Proprietor/Partner/Executive Officer/Member are not excluded as long as they are in the ADPTS payroll or have completed the SEI Participation Addendum.

CERTIFICATE HOLDER

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

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 Jo Phillips

Corporate Office

Hormel Foods Corporation
1 Hormel Place
Austin, MN 55912-3680

March 13, 2025

Writer's Direct Dial
PHONE - 507/437-5195
FAX - 507/434-6731
E-mail:
riskmanagement@hormel.com

To Whom it may concern:

RE: Liability/Product Liability Insurance for Hormel Foods Corporation

Hormel Foods Corporation and its subsidiaries do not have a separate General Liability policy. For General/Product Liability insurance, Hormel Foods has a $4 million Self-Insured Retention. After the $4,000,000 SIR, Hormel then goes into the umbrella.

Sincerely,

Risk Management

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/04/2025

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.

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PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Everest National Insurance Company — 10120
INSURED Hormel Foods Corporation One Hormel Place Austin, MN 55912	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W38608160 **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ 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)	$
								$
A	☒ UMBRELLA LIAB ☒ OCCUR						EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB ☐ CLAIMS-MADE	Y	Y	XC8CU00044-251	04/01/2025	04/01/2026	AGGREGATE	$ 5,000,000
	DED ☒ RETENTION $ 4,000,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

This Voids and Replaces Previously Issued Certificate Dated 03/10/2025 WITH ID: W38098330.

Hormel Foods Corporation is self-insured for General Liability and Product Liability with a $4,000,000 Self-Insured Retention.

DEKALB COUNTY SCHOOL DISTRICT is included as an Additional Insured as respects to Umbrella/Excess Liability as

CERTIFICATE HOLDER

DEKALB COUNTY SCHOOL DISTRICT
1701 MOUNTAIN INDUSTRIAL BLVD
STONE MOUNTAIN, GA 30083

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

SR ID: 27566241 BATCH: 3909548

AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Willis Towers Watson Midwest, Inc.		Hormel Foods Corporation One Hormel Place Austin, MN 55912
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

required by contract or agreement.

Waiver of Subrogation applies in favor of DEKALB COUNTY SCHOOL DISTRICT with respects to Umbrella/Excess Liability.

SR TD: 27566241 BATCH: 3000548 CERT: W38608160

Named Insureds:
Hormel Foods Corporation, including its subsidiaries and divisions
1 Hormel Place Austin, MN 55912

Alma Foods LLC
Applegate Farms LLC
Burke Marketing Corporation, dba Burke Corporation
Century Foods International LLC
Columbus Manufacturing Inc
Dan's Prize Inc.
Dold Foods LLC
Fontanini Foods, LLC
Hormel Foods Corporate Services LLC
Hormel Foods Int'l Corp.
Hormel Foods Sales LLC
Jennie-O Turkey Store Inc
Justin's LLC
Lloyds Barbeque Company LLC
Mexican Accent LLC
Osceola Food LLC
Planters
Progressive Processing LLC
Rochelle Foods LLC
Sadler's Smokehouse LLC
Swiss American Sausage Co., a division of Provena Foods Inc.
Skippy Foods, LLC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/18/2026

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.

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PRODUCER

Brown & Brown Insurance Services, Inc.
901 Marquette Ave., Suite 1800
Minneapolis, MN 55402

CONTACT NAME: Kelly Grunerud or Chao Lee
PHONE (A/C, No, Ext): 612-333-3323 FAX (A/C, No): 612-373-7270
E-MAIL ADDRESS: Chao.Lee@Bbrown.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Zurich American Insurance Company	16535
INSURER B :	American Zurich Insurance Company	40142
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

Hormel Foods Corporation And its Subsidi...
1 Hormel Place
Austin, MN 55912

COVERAGES **CERTIFICATE NUMBER:** 405202 **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	
	COMMERCIAL GENERAL LIABILITY							
	[ ] CLAIMS-MADE [ ] OCCUR							
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	[ ] POLICY [ ] PRO-JECT [ ] LOC							
	[ ] OTHER:							
							EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
A	**AUTOMOBILE LIABILITY**							
	[X] ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS	X	X	BAP929960325	03-01-2026	03-01-2027	BODILY INJURY (Per person)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
	[X] Phys Dmg= [X] Self-Insured						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N						[X] PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH)	N/A		WC929960525	03-01-2026	03-01-2027	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
A	WC (Retro-MA, WI)			WC534434821	03-01-2026	03-01-2027	E.L. Disease Each Emplo	1,000,000
							E.L. Disease Policy Limit	1,000,000
							E.L. Each Accident Limit	1,000,000

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

Named Insured: Hormel Foods Corporation And its Subsidiaries and its Divisions
DeKalb County School District is additional insured as respects auto liability policies where required by written contract, subject to the policy's terms and conditions. Waiver of subrogation applies in favor of the additional Insured as respects auto liability where required by written contract, subject to the policy(s) terms and conditions.

CERTIFICATE HOLDER

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

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

AGENCY CUSTOMER ID:
LOC #:

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Brown & Brown Insurance Services, Inc.		Hormel Foods Corporation And its Subsidi...
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ______ FORM TITLE: ______

INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER G :		INSURER J :	
INSURER H :		INSURER K :	
INSURER I :		INSURER L :	

	TYPE OF INSURANCE	AI	POLICY EFF		
A	Employer's Liability		03-01-2026	E.L. Disease Each Employee Limit	$1,000,000
				E.L. Disease Policy Limit	$1,000,000
				E.L. Each Accident Limit	$1,000,000
		WOS	POLICY EXP		$
	POLICY NUMBER		03-01-2027		$
	EWS929960725				$

	TYPE OF INSURANCE	AI	POLICY EFF		
A	Employer's Liabilty		03-01-2026	E.L. Disease Each Employee Limit	$1,000,000
				E.L. Disease Policy Limit	$1,000,000
				E.L. Each Accident Limit	$1,000,000
		WOS	POLICY EXP		$
	POLICY NUMBER		03-01-2027		$
	EWS026958515				$

	TYPE OF INSURANCE	AI	POLICY EFF		
					$
					$
					$
		WOS	POLICY EXP		$
	POLICY NUMBER				$
					$

	TYPE OF INSURANCE	AI	POLICY EFF		
					$
					$
					$
		WOS	POLICY EXP		$
	POLICY NUMBER				$
					$

	TYPE OF INSURANCE	AI	POLICY EFF		
					$
					$
					$
		WOS	POLICY EXP		$
	POLICY NUMBER				$
					$

	TYPE OF INSURANCE	AI	POLICY EFF		
					$
					$
					$
		WOS	POLICY EXP		$
	POLICY NUMBER				$
					$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/2/2026

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
Sterling Seacrest Pritchard, Inc.
2500 Cumberland Pkwy
Suite 400
Atlanta GA 30339

License#: 70726

CONTACT NAME: Sara Penn Fleming
PHONE (A/C, No, Ext): 404-832-8658 **FAX (A/C, No):**
E-MAIL ADDRESS: sfleming@sspins.com

INSURED
Gold Creek Processing, LLC
Gold Creek Foods, LLC
P.O. Box 2307
Gainesville GA 30503
GOLDCRE-0C

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Indemnity Company	25658
INSURER B : Great American Alliance Insurance Co	26832
INSURER C : THE TRAVELERS INS CO	87726
INSURER D : CRUM & FORSTER IND CO	31348
INSURER E : GOTHAM INS CO	25569
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1724075456 **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:	Y	Y	Y-630-8245A226-PHX-25	7/1/2025	7/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 500,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	BA-0Y960736-25-14-G	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $	Y	Y	CUP-0Y965105-25-14	7/1/2025	7/1/2026	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	WC 1280061-09	7/1/2025	7/1/2026	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
D E	Excess Liability 5 X 5 Excess Liability 5 X 10	Y Y	Y Y	SEO-141187 EX202500006530	7/1/2025 7/1/2025	7/1/2026 7/1/2026	Each Occ/Agg Each Occ/Agg	5,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Named Insureds:
Gold Creek Foods, LLC; Gold Creek Processors, LLC; Gold Creek Exporters, Inc; Gold Creek Transport, LLC; Gold Creek Services, LLC

CERTIFICATE HOLDER

Dekalb County School District
1701 Mountain Industrial Boulevard
Stone Mountain GA 30083

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/23/2026

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
McB Group Insurance Services
120 Lowes Drive
Suite 103
Pittsboro NC 27312

CONTACT NAME: Gayle Lindquist
PHONE (A/C, No, Ext): (919) 642-0475 **FAX (A/C, No):**
E-MAIL ADDRESS: gayle@mcbinsure.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Travelers Cas. Co. of CT	36170
INSURER B :	Travelers PC Co. of America	25674
INSURER C :	Technology Insurance Co	42376
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Brookwood Farms Inc
P O Drawer 277
Siler City NC 27344

COVERAGES **CERTIFICATE NUMBER:** CL2612384665 **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:			630-1E489347-TCT-26-14	01/31/2026	01/31/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			630-1E489347-TCT-26-14	01/31/2026	01/31/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			CUP9H73872A-26-14	01/31/2026	01/31/2027	EACH OCCURRENCE AGGREGATE	$ 11,000,000 $ 11,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC4750185	01/31/2026	01/31/2027	[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

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

30 day cancellation prior written notice in favor of DCSD applies.

CERTIFICATE HOLDER

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

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