



Effective Date: Continuous throughout the term of the below referenced agreement.

RE: Request for proof of insurance / self-insurance per the terms of a signed agreement

To Whom It May Concern,

Walmart takes its obligations to its associates, customers, business partners, landlords, and others very seriously. In order to best fulfill its responsibilities to its customers, associates, and shareholders, Walmart utilizes a combination of insurance, self-insured retentions, and self-insurance for a number of risks. With respect to claims arising out of third party liabilities for all forms of legal liability for bodily injury and property damage, Walmart Inc., its affiliates and its subsidiaries (collectively "Walmart"), elects to self-insure the insurance requirements of its agreements where allowed by law and by the terms of the agreement.

With respect to claims arising from physical loss or damage to structures, equipment and/or other tangible property for which Walmart assumes the responsibility for the risk of loss, Walmart is self-funded.

The existence of an insurance policy does not supersede Walmart's right to self-insure. Please allow this letter to serve as evidence of Walmart's election to self-insure.

Walmart is prepared to meet its legal liabilities in connection with its agreements. For evidence of the requisite net worth of Walmart, please visit <http://stock.walmart.com> to view the current annual and quarterly reports.

Sincerely,

Walmart Global Risk Management

MEMORANDUM OF LIABILITY INSURANCE						Current as of September 15, 2023	
PRODUCER MARSH USA INC 1166 Avenue of the Americas New York, NY 10036			THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY TO AUTHORIZED VIEWERS FOR THEIR INTERNAL USE ONLY AND CONFERS NO RIGHTS UPON ANY VIEWER OF THIS MEMORANDUM OTHER THAN THOSE PROVIDED FOR IN THE POLICY. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. THIS MEMORANDUM MAY ONLY BE COPIED, PRINTED AND DISTRIBUTED WITHIN AN AUTHORIZED VIEWER AND MAY ONLY BE USED AND VIEWED BY AN AUTHORIZED VIEWER FOR ITS INTERNAL USE. ANY OTHER USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED. THE INFORMATION CONTAINED HEREIN IS AS OF THE DATE REFERRED TO ABOVE. NEITHER THE INSURED NOR THE PRODUCER SHALL HAVE ANY OBLIGATION TO INFORM AN AUTHORIZED VIEWER OF ANY CHANGES TO THIS INFORMATION.				
INSURED Walmart Inc. Its Subsidiaries and Its Affiliates 702 Southwest 8th Street Bentonville, AR 72716			COMPANIES AFFORDING COVERAGE			NAIC #	
			COMPANY A			NATIONAL UNION FIRE INS. CO. OF PITTSBURGH, PA 19445	
			COMPANY B			AIU INSURANCE COMPANY 19399	
			COMPANY C			ACE AMERICAN INSURANCE COMPANY 22667	
			COMPANY D			ACE PROPERTY AND CASUALTY INSURANCE COMPANY 20699	
			COMPANY E				
COVERAGES 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 MEMORANDUM 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.							
COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS LIMITS IN USD UNLESS OTHERWISE INDICATED		
A	GENERAL LIABILITY	9911793	9/15/2023	9/15/2024	EACH OCCURRENCE	\$1,000,000	
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL				FIRE DAMAGE (Any One Fire)	\$1,000,000	
	<input checked="" type="checkbox"/> GEN'L AGG LIMIT APPLIES PER POLICY				MED EXP (Any One Person)	n/a	
					PRODUCTS- COMP/OP AGGREGATE	\$3,000,000	
A B	AUTOMOBILE LIABILITY	7620236 (AOS)	9/15/2023	9/15/2024	GENERAL AGGREGATE	\$3,000,000	
	<input checked="" type="checkbox"/> ANY AUTO	7620237 (MA)			COMBINED SINGLE LIMIT	\$1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Person)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per Accident)	\$	
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$	
D	EXCESS LIABILITY	XEUG27892036 006	9/15/2023	9/15/2024	EACH OCCURRENCE	\$5,000,000	
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$5,000,000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
A B C	WORKERS COMPENSATION/EMPLOYERS LIABILITY	SEE BELOW	9/15/2023	9/15/2024	WORKERS COMPENSATION LIMITS	STATUTORY	
	EL EACH ACCIDENT				\$1,000,000		
	EL DISEASE - POLICY LIMIT				\$1,000,000		
	EL DISEASE - EACH EMPLOYEE				\$1,000,000		
ADDITIONAL INFORMATION GENERAL LIABILITY: Coverage includes Professional Liability including Druggist's and Optician's GENERAL LIABILITY POLICY 9911793 IS SUBJECT TO A SELF INSURED RETENTION OF USD \$2,000,000 EACH OCCURRENCE With respect to Commercial General Liability, Policy 9911793 any party with which the Named Insured has contractually agreed to include as Additional Insured, such status is granted. Such Additional Insured status is subject to the limits, terms and conditions of the policy and shall apply only to the extent of and for no more than the limits required within such contractual agreement. EXCESS LIABILITY: EXCESS LIABILITY POLICY XEUG27892036 009 IS SUBJECT TO A SELF INSURED RETENTION OF USD \$50,000,000 EACH OCCURRENCE WORKERS' COMPENSATION POLICIES: COMPANY A: EXCESS WORKERS' COMPENSATION: 1647442 (FL) 1647440 (AL,AZ,ME,NY,OH,OK,OR,WA) 1647441 (AR,GA,LA) COMPANY B: 049154380 (CO,CT,DC,IA,IN,KS,MI,NE,RI,SC,SD,WV) 049154381 (DE,HI,ID,MD,MN,MO,MS,MT,NM,NV,TN) 049154379 (AK,MA,ND,NJ,PA,VA) 049154382 (WI) 049154378 (IL,KY,NC,NH,UT,VT) COMPANY C: WLR C55514288 (CA)							
The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.							

MEMORANDUM OF PROPERTY INSURANCE

Current as of
April 1, 2024

THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY TO THOSE WITH WHOM WALMART HAS A WRITTEN AGREEMENT REQUIRING WALMART TO FURNISH EVIDENCE OF INSURANCE ("AUTHORIZED VIEWER(S)") FOR THEIR INTERNAL USE ONLY AND CONFERS NO RIGHTS UPON ANY AUTHORIZED VIEWER OTHER THAN THOSE PROVIDED FOR IN THE POLICY. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. THIS MEMORANDUM MAY ONLY BE COPIED, PRINTED AND DISTRIBUTED WITHIN AN AUTHORIZED VIEWER'S OWN ORGANIZATION AND MAY ONLY BE USED AND VIEWED BY AN AUTHORIZED VIEWER FOR ITS INTERNAL USE. ANY OTHER USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT WALMART'S PRIOR WRITTEN CONSENT IS PROHIBITED. THIS MEMORANDUM DOES NOT CONSTITUTE A CONTRACT BETWEEN AUTHORIZED VIEWER AND THE ISSUING INSURER(S) OR WALMART.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		COMPANY NAME AND ADDRESS	NAIC NO: 0
DIRECT		BROADSTREET INSURANCE COMPANY AND VARIOUS OTHER INSURERS	
EMAIL: certrequest@wal-mart.com			
NAMED INSURED AND ADDRESS			POLICY NUMBER VARIOUS
Walmart Inc. Its Subsidiaries and Its Affiliates 702 Southwest 8th Street Bentonville, AR 72716		EFFECTIVE DATE 04/01/2024	EXPIRATION DATE 04/01/2025

PROPERTY INFORMATION

LOCATION/DESCRIPTION

ALL LOCATIONS WITHIN THE UNITED STATES OF AMERICA OWNED BY WAL-MART STORES, INC., OR ANY OF ITS SUBSIDIARIES OR AFFILIATES, AND TO THE EXTENT REQUIRED BY SIGNED AGREEMENT, ANY PROPERTY FOR WHICH WALMART INC., OR ANY OF ITS SUBSIDIARIES OR AFFILIATES HAS AGREED IN WRITING TO FURNISH INSURANCE COVERAGE OF THE TYPE PROVIDED BY THE POLICIES OF INSURANCE REFERENCED HEREIN, SUBJECT TO ALL THE TERMS, CONDITIONS AND LIMITS SET FORTH IN SUCH POLICIES.

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 MEMORANDUM 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.

COVERAGE INFORMATION	PERILS INSURED:	ALL RISKS	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$500,000,000			
	YES	NO	N/A
RENTAL INCOME	X		
BLANKET COVERAGE - FULL REPLACEMENT VALUE	X		
TERRORISM COVERAGE	X		\$200,000,000
IS DOMESTIC TERRORISM EXCLUDED?		X	
LIMITED FUNGUS COVERAGE		X	
FUNGUS EXCLUSION	X		
REPLACEMENT COST	X		
AGREED VALUE		X	
COINSURANCE		X	
EQUIPMENT BREAKDOWN	X		LIMIT: \$INCLUDED
ORDINANCE OR LAW -Coverage for loss to undamaged portion of building	X		LIMIT: \$INCLUDED
-Demolition Costs	X		LIMIT: \$50,000,000
-Increased Cost of Construction	X		LIMIT: \$50,000,000
EARTH MOVEMENT	X		LIMIT: \$325,000,000
FLOOD	X		LIMIT: \$150,000,000
WIND/HAIL	X		LIMIT: \$INCLUDED
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			MUTUAL WAIVER OF SUBROGATION

ADDITIONAL INFORMATION

Property:

With respect to Property, any party with which the Named Insured has contractually agreed to include as Additional Insured, Mortgagee, and/or Loss Payee, such status is granted. Such status is subject to the limits, terms and conditions of the policy and shall apply only to the extent of and for no more than the limits required within such contractual agreement.

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.