

# Walmart Global Risk Management

**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, 2019

**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	NEW HAMPSHIRE INSURANCE COMPANY	23841
COMPANY C	ILLINOIS NATIONAL INSURANCE COMPANY	23817
COMPANY D	ACE AMERICAN INSURANCE COMPANY	22667
COMPANY E	ACE PROPERTY AND CASUALTY INSURANCE COMPANY	20699

## 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	<b>GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> COMMERCIAL GENERAL <input checked="" type="checkbox"/> GEN'L AGG LIMIT APPLIES PER POLICY	6862381	9/15/2019	9/15/2020	EACH OCCURRENCE	\$1,000,000					
					PERSONAL & ADV INJURY	\$1,000,000					
					FIRE DAMAGE (Any One Fire)	\$1,000,000					
					MED EXP (Any One Person)	n/a					
					PRODUCTS- COMP/OP AGGREGATE	\$3,000,000					
					GENERAL AGGREGATE	\$3,000,000					
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	4993197 (AOS) 4993200 (MA) 4993199 (VA)	9/15/2019	9/15/2020	COMBINED SINGLE LIMIT	\$1,000,000					
					BODILY INJURY (Per Person)	\$					
					BODILY INJURY (Per Accident)	\$					
					PROPERTY DAMAGE	\$					
					E	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	XOOG27892036 005	9/15/2019	9/15/2020	EACH OCCURRENCE	\$5,000,000
					AGGREGATE					\$5,000,000	
A B C D	<b>WORKERS COMPENSATION/EMPLOYERS LIABILITY</b>	SEE BELOW	9/15/2019	9/15/2020	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 6862381 IS SUBJECT TO A SELF INSURED RETENTION OF USD \$2,000,000 EACH OCCURRENCE

With respect to Commercial General Liability, Policy 6862381 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 XOO G27892036 005 IS SUBJECT TO A SELF INSURED RETENTION OF USD \$15,000,000 EACH OCCURRENCE

**WORKERS' COMPENSATION POLICIES:**  
COMPANY A:  
EXCESS WORKERS' COMPENSATION: 5565640 (AL,AR,AZ,FL,GA,IA,ME,NY,OH,OK,OR,WA)

COMPANY B:  
017515693 (CO,CT,DC,IA,IN,KS,MI,NE,RI,SC,SD,WV)  
017515692 (DE,HI,ID,MD,MN,MO,MS,MT,NM,NV,TN)  
017515689 (AK,VA)  
017515691 (NJ, PA)  
017515690 (IL,KY,NC,NH,UT,VT)

COMPANY C:  
017515688 (MA,ND,WI,WY)

COMPANY D:  
WLR C65897131 (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, 2019

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			POLICY NUMBER VARIOUS
<b>NAMED INSURED AND ADDRESS</b>		EFFECTIVE DATE	EXPIRATION DATE
Walmart Inc. Its Subsidiaries and Its Affiliates 702 Southwest 8th Street Bentonville, AR 72716		04/01/2019	04/01/2020

## 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: \$825,000,000	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.**