



**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

|  |   |
|--|---|
| <b>MEMORANDUM OF LIABILITY INSURANCE</b> | <b>Current as of<br/>Septmeber 15, 2018</b> |
|--|---|

|   |  |
|---|--|
| <b>PRODUCER</b><br>MARSH USA INC<br>1166 Avenue of the Americas<br>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. |
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| <b>INSURED</b><br>Walmart Inc.<br>Its Subsidiaries and Its Affiliates<br>702 Southwest 8th Street<br>Bentonville, AR 72716 | <b>COMPANIES AFFORDING COVERAGE</b>                      | <b>NAIC #</b> |
|  | 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><br><input type="checkbox"/> CLAIMS MADE<br><input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL<br><input checked="" type="checkbox"/> GEN'L AGG LIMIT APPLIES PER POLICY       | 4786846                                       | 9/15/2018             | 9/15/2019              | 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><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS | 9581312 (AOS)<br>9581305 (MA)<br>9581312 (VA) | 9/15/2018             | 9/15/2019              | COMBINED SINGLE LIMIT                    | \$1,000,000 |
|                |   |   |                       |                        | BODILY INJURY (Per Person)               | \$          |
|                |   |   |                       |                        | BODILY INJURY (Per Accident)             | \$          |
|                |   |   |                       |                        | PROPERTY DAMAGE                          | \$          |
|                |   |   |                       |                        | EACH OCCURRENCE                          | \$5,000,000 |
|                |   |   |                       |                        | AGGREGATE                                | \$5,000,000 |
| E              | <b>EXCESS LIABILITY</b><br><input checked="" type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   | XOOG27892036 004                              | 9/15/2018             | 9/15/2019              | EACH OCCURRENCE                          | \$5,000,000 |
|                |   |   |                       |                        | AGGREGATE                                | \$5,000,000 |
| A B C D        | <b>WORKERS COMPENSATION/ EMPLOYERS LIABILITY</b>  | SEE BELOW                                     | 9/15/2018             | 9/15/2019              | 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 4786846 IS SUBJECT TO A SELF INSURED RETENTION OF USD \$2,000,000 EACH OCCURRENCE

With respect to Commercial General Liability, Policy 4786846 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 004 IS SUBJECT TO A SELF INSURED RETENTION OF USD \$15,000,000 EACH OCCURRENCE

**WORKERS' COMPENSATION POLICIES:**

COMPANY A:  
 EXCESS WORKERS' COMPENSATION: 4595615 (AL,AR,AZ,FL,GA,IA,ME,NY,OH,OK,OR,WA)

COMPANY B:  
 031467796 (CO,CT,DC,IA,IN,KS,MI,NE,RI,SC,SD,WV)  
 031467798 (DE,HI,ID,MD,MN,MO,MS,MT,NM,NV,TN)  
 031467800 (AK,VA)  
 031467799 (NJ, PA)  
 031467798 (IL,KY,NC,NH,UT,VT)

COMPANY C:  
 031467801 (MA,ND,WI,WY)

COMPANY D:  
 WLR C65433710 (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, 2018

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,<br>CONTACT PERSON AND ADDRESS   | COMPANY NAME AND ADDRESS   |            | NAIC NO: 0    |
| DIRECT   | BROADSTREET INSURANCE COMPANY AND VARIOUS OTHER INSURERS<br><input type="checkbox"/> |            |               |
| EMAIL: certrequest@wal-mart.com  | EFFECTIVE DATE   |            | POLICY NUMBER |
| <b>NAMED INSURED AND ADDRESS</b>   | EXPIRATION DATE  |            | VARIOUS       |
| Walmart Inc.<br>Its Subsidiaries and Its Affiliates<br>702 Southwest 8th Street<br>Bentonville, AR 72716 | 04/01/2018   | 04/01/2019 |               |

## 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.