

Take this information to your insurance company.

The certificate of insurance and supplier agreement must show the supplier name as registered with the Federal Tax ID number.

The insurance carrier(s) must be "A" rated according to A.M. Best or another insurance rating industry authority.
Certificate Holder and Additional Insured must read:

**Wal-Mart Stores, Inc. It's Subsidiaries & It's Affiliates
Attn: Insurance Compliance
702 SW 8th Street
Bentonville, AR 72716-0145**

- 1. Commercial General Liability including Contractual on an Occurrence-based policy.
(If on a claims-made basis, other requirements must be met before it is accepted.)**

Must include:

- \$10,000,000 Products & Completed Operations**
- \$10,000,000 Personal & Advertising Injury**
- \$10,000,000 Each Occurrence**

Minimum Limits: \$2,000,000 *Each Occurrence (Must be equivalent to U.S. Dollars)

***Up to \$10,000,000 if determined by Wal-Mart as high-risk supplier or high-risk product.**

***Supplier's insurance shall be considered primary, non-contributory, and not excess coverage.**

*****Note that an Excess Liability/Umbrella is acceptable to broaden existing primary limits to increase them sufficiently to meet requirements.**

- 2. The Certificate Holder must be listed as Additional Insured as evidenced with an attached endorsement if appropriate.**
- 3. Worker's Compensation is required if supplier will be entering Wal-Mart Stores or Sam's Clubs premises to deliver their products:**
 - Workers Compensation Statutory**
 - Employers' Liability \$1,000,000 Per Occurrence****(Waiver of subrogation where permitted by law.)**
- 4. The Insurance Company must give us 30 days notice in case of cancellation.**
- 5. A supplier number for new suppliers will be assigned upon approval of the agreement.**
- 6. Annual renewals of the certificate of insurance must be submitted by fax prior to expiration of insurance dates.**
- 7. If the certificate of insurance does not comply with the requirements, a delay will occur in processing until compliance is met.**

Fax a clear copy of the certificate of insurance for the Online Agreement with a cover sheet.

Please direct any questions regarding your insurance to Insurance Compliance.

Fax 479-273-4195 Questions? 479-277-1658 479-277-2890 479-277-0025