

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/29/2021

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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.<br>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  | o the | e certi | ificate holder in lieu of su              |  |  | .) <b>.</b> |                                     |         |               |  |
| PRODUCER<br>Marsh USA Inc.   |       |         |   |  | CONTACT<br>NAME:                               |             |                                     |         |               |  |
| 333 South 7th Street, Suite 1400   |       |         |   |  | PHONE FAX<br>(A/C, No, Ext): (A/C, No):        |             |                                     |         |               |  |
| Minneapolis, MN 55402-2400   |       |         | E-MAIL<br>ADDRESS:                        |  |  |             |                                     |         |               |  |
| Attn: Minneapolis.CertRequest@marsh.com; f: 212-948-5382   |       |         |   |  | INSURER(S) AFFORDING COVERAGE NAIC #           |             |                                     |         |               |  |
| CN102682832-BB-GAWU-21-22 Servic Yes   |       |         |   | INSURER A : Greenwich Insurance Company  |  |             |                                     |         | 22322         |  |
| INSURED<br>Best Buy Co., Inc.  |       |         |   |  | INSURER B : XL Insurance America, Inc. 2       |             |                                     |         |               |  |
| and its subsidiaries and affiliates including  |       |         |   | INSURER C : XL Specialty Insurance Company 37885   |  |             |                                     |         | 37885         |  |
| Best Buy Stores LP<br>7601 Penn Avenue South   |       |         |   | INSURER D :  |  |             |                                     |         |               |  |
| Richfield, MN 55423  |       |         |   | INSURE   | RE:  |             |                                     |         |               |  |
|  |       |         |   | INSURER F :  |  |             |                                     |         |               |  |
| COVERAGES CEF  | TIFI  | CATE    | NUMBER:                                   | CHI-009446629-10 <b>REVISION NUMBER:</b> 21  |  |             |                                     |         |               |  |
| 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 TYPE OF INSURANCE   | INSD  | WVD     | POLICY NUMBER                             |  | POLICY EFF<br>(MM/DD/YYYY)                     |             | LIMITS                              | S       |               |  |
|  |       |         | RGE943757209                              |  | 02/01/2021                                     | 02/01/2022  | EACH OCCURRENCE<br>DAMAGE TO RENTED | \$      | 1,000,000     |  |
|  |       |         | SID applies per policy                    |  |  |             | PREMISES (Ea occurrence)            | \$      | 1,000,000     |  |
|  |       |         | SIR applies per policy terms & conditions |  |  |             | MED EXP (Any one person)            | \$      | 0             |  |
|  |       |         |   |  |  |             | PERSONAL & ADV INJURY               | \$      | 1,000,000     |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |       |         |   |  |  |             | GENERAL AGGREGATE                   | \$      | 5,000,000     |  |
| X POLICY PRO-<br>JECT LOC  |       |         |   |  |  |             | PRODUCTS - COMP/OP AGG              | \$      | 2,000,000     |  |
|  |       |         | RAD943757409                              |  | 02/01/2021                                     | 00/01/0000  | COMBINED SINGLE LIMIT               | \$      |               |  |
|  |       |         | RAD943737409                              |  | 02/01/2021                                     | 02/01/2022  | (Ea accident)                       | \$      | 10,000,000    |  |
| X ANY AUTO   |       |         |   |  |  |             | BODILY INJURY (Per person)          | \$      |               |  |
| AUTOS ONLY AUTOS   |       |         |   |  |  |             |                                     | \$      |               |  |
| X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  |       |         |   |  |  |             | PROPERTY DAMAGE<br>(Per accident)   | \$      |               |  |
|  |       |         |   |  |  | 00/04/0000  |                                     | \$      | 40,000,000    |  |
|  |       |         | US00052668LI21A                           |  | 02/01/2021                                     | 02/01/2022  | EACH OCCURRENCE                     | \$      | 10,000,000    |  |
| EXCESS LIAB CLAIMS-MADE  | -     |         |   |  |  |             | AGGREGATE                           | \$      | 10,000,000    |  |
| DED X RETENTION \$ 10,000   B WORKERS COMPENSATION   |       |         | RWD943534609 (AOS [Excluding              |  | 02/01/2021                                     | 02/01/2022  | y PER OTH-                          | \$      |               |  |
| AND EMPLOYERS' LIABILITY Y / N   |       |         | Stop Gap EL for ND WA WY PR)              | 17])   | 02/01/2021                                     | 02/01/2022  | X PER OTH-<br>STATUTE ER            |         | 1 000 000     |  |
| ANYPROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?  | N/A   |         | Stop Gap LE for ND WA WT FIG              |  |  |             | E.L. EACH ACCIDENT                  | \$      | 1,000,000     |  |
| (Mandatory in NH)  |       |         | RWR943534709 (AK, WI)                     |  | 02/01/2021                                     | 02/01/2022  | E.L. DISEASE - EA EMPLOYEE          | \$      | 1,000,000     |  |
| DÉSCRIPTION OF OPERATIONS below  |       |         |   |  |  |             |                                     | \$      | 1,000,000     |  |
| C Excess Workers' Comp/  |       |         | RWE943534809 (NV, OH)                     |  | 02/01/2021                                     | 02/01/2022  | Limit:                              |         | Same as above |  |
| Employers Liability  |       |         |   |  |  |             | SIR: \$1,000,000                    |         |               |  |
|  |       |         |   | la   | a attach s i lif is                            |             |                                     |         |               |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>The above policies contain broad named insured endorsements to include all subsidiary companies of Best Buy Co., Inc. and broad additional insured wording (except Workers Compensation/Employers Liability) to include all contractors, subcontractors, vendors, landlords, mortgagees, trustees, lessees and any other person or organization contractually required to be named as an additional insured. Such insurance extends automatically. Waiver of Subrogation applies to general liability and workers' compensation insurance as required by written contract. The insured is a workers' compensation non-subscriber in Texas. |       |         |   |  |  |             |                                     |         |               |  |
|  |       |         |   |  | CANCELLATION                                   |             |                                     |         |               |  |
| Best Buy Co., Inc.<br>and its subsidiaries and affiliates including<br>Best Buy Stores LP<br>7601 Penn Ave. South  |       |         |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |  |             |                                     |         |               |  |
| Richfield, MN 55423  |       |         |   |  | AUTHORIZED REPRESENTATIVE<br>of Marsh USA Inc. |             |                                     |         |               |  |
| Manas  |       |         |   |  |  | -           | Marraoni Mule                       | reg     | er            |  |
|  |       |         |   |  | © 19   | 988-2016 AC | ORD CORPORATION.                    | All rig | hts reserved. |  |

AGENCY CUSTOMER ID: CN102682832

LOC #: Minneapolis

| ACORD |  |
|-------|--|

## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| AGENCY         |           | NAMED INSURED   |  |  |  |  |
|----------------|-----------|---|--|--|--|--|
| Marsh USA Inc. |           | Best Buy Co., Inc.<br>and its subsidiaries and affiliates including<br>Best Buy Stores LP<br>7601 Penn Avenue South |  |  |  |  |
| POLICY NUMBER  |           |   |  |  |  |  |
|                |           |   |  |  |  |  |
|                |           | Richfield, MN 55423   |  |  |  |  |
| CARRIER        | NAIC CODE |   |  |  |  |  |
|                |           | EFFECTIVE DATE:   |  |  |  |  |

## ADDITIONAL REMARKS

## THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_\_\_\_ FORM TITLE: Certificate of Liability Insurance

Employers Indemnity (TX) Policy # TNS1138034 02/01/2021 - 02/01/2022 Carrier: Zurich American Insurance Company Combined Single Limit per Employee \$5,000,000

SIR applies per policy terms & conditions.