

## **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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED 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. 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 Marsh USA Inc.					CONTACT NAME:					
333 South 7th Street, Suite 1400					PHONE FAX (A/C, No, Ext): (A/C, No):					
Minneapolis, MN 55402-2400			E-MAIL 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 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 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 (MM/DD/YYYY)		LIMITS	S		
			RGE943757209		02/01/2021	02/01/2022	EACH OCCURRENCE 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- 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 (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- STATUTE ER		1 000 000	
ANYPROPRIETOR/PARTNER/EXECUTIVE 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) 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. and its subsidiaries and affiliates including Best Buy Stores LP 7601 Penn Ave. South				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Richfield, MN 55423					AUTHORIZED REPRESENTATIVE 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

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AGENCY		NAMED INSURED				
Marsh USA Inc.		Best Buy Co., Inc. and its subsidiaries and affiliates including Best Buy Stores LP 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.