



April 20, 2025

Environmental Management
IN Government Center-North
100 North Senate Ave, Room 1101
Indianapolis, IN 46204

Subject: Certificate of Financial Responsibility
Indiana

Dear Representative:

On behalf of Walmart Inc., enclosed please find a Certificate of Insurance and location list to demonstrate financial responsibility for Underground Storage Tanks at applicable Walmart and Sam's Club locations within the State of Indiana.

Please mail future correspondence and licenses to:

APTIM
Attn: Licensing Support
8725 Rosehill Road, Suite 450
Lenexa, KS 66215

We may also be contacted by:

Phone: 877-829-5505
Fax: 225-987-8573
Email: walmartepmsupport@aptim.com

If you need additional information, please contact us at 877-829-5505.

Sincerely,

Tonya Reese
APTIM Licensing Support
APTIM Environmental & Infrastructure, Inc. as agent for Walmart Inc.

**FINANCIAL RESPONSIBILITY - CERTIFICATE OF INSURANCE
FEDERAL UNDERGROUND STORAGE TANK (UST)**

NAME AND ADDRESS (of each Covered Location):

SEE ATTACHED SPREADSHEET

POLICY NUMBER: PEC004100112

PERIOD OF COVERAGE: 5/01/25 - 5/01/26

NAME AND ADDRESS OF INSURER (herein called the "Insurer"):

Indian Harbor Insurance Company
677 Washington Blvd 10th Floor, Suite 1000
Stamford, CT 06901

NAME AND ADDRESS OF INSURED (herein called the "Insured"):

WALMART INC.

702 SOUTHWEST 8TH STREET
BENTONVILLE, AR 72716-6299

1. Indian Harbor Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tanks(s):

Number of Tanks	Facility Name	Facility Location
SEE ATTACHED SPREADSHEET		

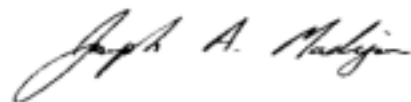
for taking corrective action and/or compensating third parties for bodily injury and property damage caused by either sudden accidental releases or non sudden accidental releases or accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$1,000,000 each occurrence and \$2,000,000 annual aggregate, exclusive of legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under PEC004100112. The effective date of said policy is 5/01/25.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- a. Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.

- b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third-party, with a right of reimbursement by the Insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102 and 40 CFR 280.104-280.107.
- c. Whenever requested by the Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
- d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after the expiration of a minimum of ten (10) days after a copy of such notice is received by the Insured.
- e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97(b)(2) and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



(Signature of Authorized Representative of Insurer)

Date: 4/28/25

Joseph Madigan, Chief Underwriting Officer

Authorized Representative of: Indian Harbor Insurance Company

c/o AXA XL
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-0636

Facility #	State ID	Address	City	State	ZIP	UST
1518	24803	3015 W. 86th St.	Indianapolis	IN	46268	3
4851	24763	1301 Veterans Pkwy	Clarksville	IN	47129	3
4926	24877	2715 Merchants Mile	Columbus	IN	47201	3
5452	25482	2510 First Ave.	Evansville	IN	47710	3
6017	16708	2100 E. Tipton Street	Seymour	IN	47274	6
6022	16286	333 Warren Drive	Greencastle	IN	46135	6
6074	24517	1729 State Road 8	Auburn	IN	46706	3
6313	24752	6736 Lima Rd.	Ft. Wayne	IN	46818	3
6325		1101 Windhorst Wau	Greenwood	IN	46142	4
6424	24610	1917 East Markland Ave	Kokomo	IN	46901	3
6437	24696	3205 West State Hwy 45	Bloomington	IN	47403	3
7055	24935	100 Fischer Pkwy	Gas City	IN	46933	4
7087	25544	1309 E. Hackberry St.	Salem	IN	47167	3
7390	40082	2150 W Pleasant Center Rd.	Fort Wayne	IN	46819	5
8123	24527	6530 East Virginia St.	Evansville	IN	47715	3
8135	24604	4350 Dixie Bee Rd	Terre Haute	IN	47802	3
8168	24605	7235 East 96th St	Indy	IN	46250	3
8169	24616	3819 South Street	Lafayette	IN	47905	3
8174	24614	3134 East 79th St	Merrillville	IN	46410	3