

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

				09/24/2024	
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.					
AGENCY PHONE (A/C, No, Ext): (214) 206-8999	COMPANY				
Solidarity Insurance					
4570 Westgrove Dr.	United States Liab Ins Co				
Suite 273	1190 Devon Park Drive				
Addison TX 75001					
FAX (A/C, No): (817) 439-2487 E-MAIL ADDRESS: Contactus@SolidarityInsurance.com	Wayne PA 19087				
				10007	
CODE: SUB CODE: AGENCY	-				
CUSTOMER ID #:	LOAN NUMBER POLICY NUMBER				
Central Park at Preston Crossing HOA			NPP1621912A		
1512 Crescent Dr	EFFECTIVE DATE	EXPIRATION DATE	CONTINU		
	07/18/2024	07/18/2025	TERMINA	TED IF CHECKED	
Carrollton TX 75006	THIS REPLACES PRIOR EVIDE	NCE DATED:			
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH					
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE 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					
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIAL				
COVERAGE / PERILS / FORMS			UNT OF INSURANCE	DEDUCTIBLE	
Fence / AOP / Replacement Cost		\$100	0,000	\$1,000	
Landscaping / AOP / Replacement Cost		\$10,	000	\$1,000	
Gazebo / AOP / Replacement Cost		\$75,	000	\$1,000	
Wind / Hail		Inclu	ded	\$2,500	
REMARKS (Including Special Conditions)					
Policy requires 10 day written notice for cancellation. Policy contains coverage for common areas only per the CCR's.					
	51				
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXFIRATIO	N DATE THEREOF			
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NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAY		OSS PAYEE	
	MORTGAGEE				
	LOAN #				
	AUTHORIZED REPRESENTATIVE				
	811				
TKI					
ACORD 27 (2016/03)		) D15 ACORD CORI		inhte record	