

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 04/06/2023

04/06/2023 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. PHONE (A/C, No. Ext): (214) 206-8999 AGENCY COMPANY Solidarity Insurance 4570 Westgrove Dr. Wesco Ins Co Suite 273 59 Maiden Lane Addison TX 75001 E-MAIL ADDRESS FAX (A/C, No): (817) 439-2487 Contactus@SolidarityInsurance.com New York NY 10038 CODE: SUB CODE: AGENCY CUSTOMER ID #: TX001222017 LOAN NUMBER POLICY NUMBER INSURED WPP200476200 Bel Air Village Residential HOA EFFECTIVE DATE **EXPIRATION DATE** 1512 Crescent Dr CONTINUED UNTIL TERMINATED IF CHECKED 12/19/2022 12/19/2023 THIS REPLACES PRIOR EVIDENCE DATED: Carrollton TX 75006 PROPERTY INFORMATION LOCATION/DESCRIPTION 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 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 POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. X | SPECIAL COVERAGE INFORMATION PERILS INSURED BASIC BROAD COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE **DEDUCTIBLE** Outdoor Property/ AOP / Replacement Cost \$930,200 \$1,000 Wind/ Hail \$5.000 Included Equipment Breakdown \$1,000 Included Buildings / AOP / Replacement Cost 780,505 \$1,000 **REMARKS (Including Special Conditions)** Policy requires 10 day written notice for cancellation. 4 units listed. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE AUTHORIZED REPRESENTATIVE