

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/27/2021 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 COMPANY AGENCY Solidarity Insurance 701 Commerce St. Third Coast Ins Co Suite 611 200 West Madison Street Dallas TX 75202-4522 **Suite 3850** E-MAIL ADDRESS 60606--3465 FAX (A/C, No): (817) 439-2487 Contactus@SolidarityInsurance.com Chicago CODE: SUB CODE: AGENCY CUSTOMER ID #: TX000832017 INSURED LOAN NUMBER POLICY NUMBER STR803346521 Huntington Villas HOA Inc. FFFECTIVE DATE **EXPIRATION DATE** 1512 CRESCENT DR CONTINUED UNTIL TERMINATED IF CHECKED 04/30/2021 04/30/2022 THIS REPLACES PRIOR EVIDENCE DATED: **CARROLLTON** TX 75006-3618 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** Building/ AOP / Replacement Cost \$6,524,755 \$5000 Misc. Outdoor Property / AOP / Replacement Cost \$465,000 \$5000 Equipment Breakdown \$1,000,000 \$5000 **Builidng Ordinance or Law** \$5000 included Wind / Hail included 2% TIV **REMARKS (Including Special Conditions)** 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 LOAN# \*\*\*informational purposes only\*\*\* AUTHORIZED REPRESENTATIVE