

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/14/2023 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 COMPANY AGENCY Solidarity Insurance Accredited Surety & Cas Co Inc 4570 Westgrove Dr. Suite 273 4798 New Broad Street Addison TX 75001 Suite 200 E-MAIL ADDRESS FAX (A/C, No): (817) 439-2487 Contactus@SolidarityInsurance.com Orlando FL 32814 CODE: SUB CODE: AGENCY CUSTOMER ID #: TX000122017 LOAN NUMBER POLICY NUMBER INSURED 1HNYTX010143014 Eko Park Townhome Owners Association Inc **EFFECTIVE DATE** 1512 Crescent Dr **EXPIRATION DATE** CONTINUED UNTIL TERMINATED IF CHECKED 06/09/2023 06/09/2024 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. COVERAGE INFORMATION PERILS INSURED **BASIC BROAD** SPECIAL COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE **DEDUCTIBLE** Blanket Buildings/Blanket Business Personal Property / AOP / Replacement Cost \$2,210,000 \$2,500 1% TIV Wind / Hail Included \$421,000 **Building Ordinance or Law** \$2,500 **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 AUTHORIZED REPRESENTATIVE