

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/07/2023 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: AGENC' CUSTOMER ID #: TX000972017 INSURED LOAN NUMBER POLICY NUMBER WPP200544000 Lakepointe Lavon HOA FFFECTIVE DATE **EXPIRATION DATE** 1512 CRESCENT DR CONTINUED UNTIL TERMINATED IF CHECKED 01/05/2023 01/05/2024 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 DEDUCTIBLE AMOUNT OF INSURANCE COVERAGE / PERILS / FORMS ALL OUTDOOR PROPERTY/ FENCES, ENTRIES, MONUMENTS/ REPLACEMENT COST 160,000 1,000 WIND / HAIL **INCLUDED** 2.500 **EQUIPMENT BREAKDOWN** INCLUDED 1,000 **REMARKS (Including Special Conditions)** Coverage includes the common area per the HOA bylaws. Policy requires ten day written notice for cancelation. 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