

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 08/05/2025

08/05/2025 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 WPP200544002 Lakepointe Lavon HOA FFFECTIVE DATE **EXPIRATION DATE** 1512 CRESCENT DR CONTINUED UNTIL TERMINATED IF CHECKED 01/07/2025 1/07/2026 THIS REPLACES PRIOR EVIDENCE DATED: **CARROLLTON** TX 75006-3618 PROPERTY INFORMATION LOCATION/DESCRIPTION Lavon, TX 75116 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 Fencing / AOP / Replacement Cost \$200,000 \$1,000 Restroom Building / AOP / Replacement Cost \$150,000 \$1.000 \$1,000 Pool & Equipment/ AOP / Replacement Cost \$175,000 Gazebo / AOP / Replacement Cost \$65,000 \$1,000 Playgrounds / AOP / Replacement Cost \$100,000 \$1,000 Mailboxes \$12,000 \$1,000 Wind / Hail 5% of TIV Included **REMARKS (Including Special Conditions)** Policy requires 10 day written notice for cancellation. 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

ACORD 27 (2016/03)

© 1993-2015 ACORD CORPORATION. All rights reserved.