

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

	LVIDENCE OF FRO				02/13/2024	
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.						
AGENCY PHONE (A/C, No, E	(214) 206-8999	COMPANY				
Solidarity Insurance		1				
4570 Westgrove Dr.		Wesco Ins Co				
Suite 273		59 Maiden Lane				
Addison	TX 75001	oo Malden Eane				
FAX (A/C, No): (817) 439-2487 E-MAIL ADDRESS:	Contactus@SolidarityInsurance.com	New York			NY 10038	
	,	New TOIK			10030	
CODE: AGENCY CUSTOMER ID #: TX000662017	SUB CODE:					
CUSTOMER ID #: 1X000002017 INSURED		LOAN NUMBER		POLICY NUMBER		
Northlake Estates HOA Inc		EFFECTIVE DATE	EXPIRATION DAT	WPP202429200		
1512 Crescent Dr				CONTINU		
		09/01/2023	09/01/2024		TED IF CHECKED	
Carrollton	TX 75006	THIS REPLACES PRIOR EVID	ENCE DATED:			
PROPERTY INFORMATION					ſ	
LOCATION/DESCRIPTION						
THE POLICIES OF INSURANCE LIST	ED BELOW HAVE BEEN ISSUED TO TH	E INSURED NAMED ABO	VE FOR THE POL	ICY PERIOD INDIC	ATED.	
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.						
SUBJECT TO ALL THE TERMS, EXC	LUSIONS AND CONDITIONS OF SUCH F			IN REDUCED BY P.	AID CLAIMS.	
COVERAGE INFORMATION	PERILS INSURED BASIC	BROAD X SPECIA				
	COVERAGE / PERILS / FORMS		AM	OUNT OF INSURANCE	DEDUCTIBLE	
Blanket Outdoor Property / AOP / Rep	lacement Cost		\$14	10,000	\$1,000	
Pool & Equipment / AOP / Replaceme		\$21	0,000	\$1,000		
Wind/ Hail			Inc	luded	2% of TIV	
Equipment Breakdown			Inc	luded	\$1,000	
REMARKS (Including Special Conditions)						
80% Co-Insurance. Policy requires 10 day written notice for cancellation.						
L						
CANCELLATION						
	SCRIBED POLICIES BE CANCELLED B	EFORE THE EXPIRATION	ON DATE THEREC	OF, NOTICE WILL I	BE	
DELIVERED IN ACCORDANCE WI	TH THE POLICY PROVISIONS.					
ADDITIONAL INTEREST						
NAME AND ADDRESS		ADDITIONAL INSURED	LENDER'S LOSS P	AYABLE LC	DSS PAYEE	
	-	MORTGAGEE				
	Ē	LOAN #				
	AUTHORIZED REPRESENTATIVE					
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