

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/04/2024 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. PHONE (A/C, No. Ext): (214) 206-8999 COMPANY AGENCY 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: AGENCY CUSTOMER ID #: TX000492017 LOAN NUMBER POLICY NUMBER INSURED WPP196718702 Canterbury Hills HOA Inc **EFFECTIVE DATE EXPIRATION DATE** 1512 Crescent Dr CONTINUED UNTIL TERMINATED IF CHECKED 04/18/2024 04/18/2025 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 Monument / AOP / Replacement Cost \$70,000 \$1,000 Landscaping / AOP / Replacement Cost \$30.00 \$1.000 **REMARKS (Including Special Conditions)** Policy requires 10 day written notice for cancellation. Master HOA policy covers common areas only. There is no coverage for the individual homeowners property. 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