

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

| | | | | | - | | 06/16/2025 |
|---|---------------------------|---|--------------------------|--------------|-----------|------------------|----------------|
| 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. | | | | | | | |
| AGENCY | PHONE (A/C, No, E) | (214) 206-8999 | COMPANY | | | | |
| Solidarity Insurance | <u>(A/C, NO, E</u>) | ky. () | 1 | | | | |
| 4570 Westgrove Dr. | Wesco Ins Co | | | | | | |
| Suite 273 | 59 Maiden Lane | | | | | | |
| Addison | | | | | | | |
| FAX (917) 420 2407 E | E-MAIL | TX 75001 Contactus@SolidarityInsurance.com | New York | | | | NY 10038 |
| | ADDRESS: | | | | | · · · · · | 11 10030 |
| CODE: SUB CODE: AGENCY CUSTOMER ID #: | | | | | | | |
| CUSTOMER ID #: 1X000072017 INSURED | LOAN NUMBER POLICY NUMBER | | | | | | |
| | | | LOAN NOMBER | | | | |
| Preston Hutson HOA Inc | | | EFFECTIVE DATE | EXPIRATIO | | TPP1753419 00 |) |
| 1512 Crescent Dr | | | | | | | |
| | | | 04/15/2025 | 04/15/2 | 026 | TERMINA | TED IF CHECKED |
| Carrollton | | TX 75006 | THIS REPLACES PRIOR EVID | DENCE DATED: | | | |
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| PROPERTY INFORMATION | Ν | | | | | | |
| LOCATION/DESCRIPTION | | | | | | | |
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| | | ED BELOW HAVE BEEN ISSUED TO TH | | | | | |
| 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 | | | | | | | |
| | | USIONS AND CONDITIONS OF SUCH | | | | | |
| COVERAGE INFORMATIO | N | PERILS INSURED BASIC | BROAD X SPECIA | <u>.</u> | | | |
| | | | BRUAD IN SPECIA | | | | |
| Fancing Entries and Manun | manta / AO | COVERAGE / PERILS / FORMS | | | | INT OF INSURANCE | DEDUCTIBLE |
| Fencing, Entries, and Monuments / AOP / Replacement Cost | | | | | | ,156 | \$1,000 |
| lighting & Miscellaneous / AC | | | \$33,6 | | \$1,000 | | |
| Mailboxes / AOP / Replacen | | | \$7,86 | | \$1,000 | | |
| Wind / Hail | | | Inclue | ded | 5% of TIV | | |
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| REMARKS (Including Spec | | | | | | | |
| Policy requires 10 day writte | en notice fo | or cancellation. | | | | | |
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| CANCELLATION | | | | | | | |
| SHOULD ANY OF THE AB | BOVE DES | CRIBED POLICIES BE CANCELLED | BEFORE THE EXPIRATI | ON DATE THE | EREOF | , NOTICE WILL E | BE |
| DELIVERED IN ACCORDA | ANCE WIT | H THE POLICY PROVISIONS. | | | | | |
| ADDITIONAL INTEREST | | | | | | | |
| NAME AND ADDRESS | | | ADDITIONAL INSURED | LENDER'S LO | OSS PAY | ABLE LC | OSS PAYEE |
| MORTGAGEE | | | | | | | |
| | LOAN # | | | | | | |
| | | | | | | | |
| | | | | | | | |
| AUTHORIZED REPRESENTATIVE | | | | | | | |
| | LD | $\mathcal{A}\mathcal{M}$, | | | | | |
| | | | | | | | |
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