

DATE (MM/DD/YYYY)

EVIDENCE OF PROPERTY INSURANCE 05/01/2024 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. American Risk Ins Co Inc Suite 273 4669 Southwest Freeway #700 Addison TX 75001 E-MAIL ADDRESS FAX (A/C, No): (817) 439-2487 Contactus@SolidarityInsurance.com Houston TX 77027 CODE: SUB CODE: AGENCY CUSTOMER ID #: TX000472017 LOAN NUMBER POLICY NUMBER INSURED Parkmont Place HOA Inc CF153565-01 FFFCTIVE DATE **EXPIRATION DATE** 1512 Crescent Dr CONTINUED UNTIL TERMINATED IF CHECKED 04/17/2024 04/17/2025 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. X | SPECIAL COVERAGE INFORMATION PERILS INSURED BASIC BROAD COVERAGE / PERILS / FORMS DEDUCTIBLE AMOUNT OF INSURANCE Blanket Buildings / AOP / Replacement Cost \$13,862,895 \$10,000 Business Personal Property / AOP / Replacement Cost \$7.500 \$10,000 Wind / Hail Included 2% of TIV **REMARKS (Including Special Conditions)** Coverage has been placed on a "walls out" basis, homeowners are responsible for coverage from the "walls in". Currently 52 units and 11 buildings listed. 10 day written notice required 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