R	
ACORD	

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

	EVIDENCE OF	PROP		<b>JUKA</b>	NCE			04/26/2021	
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			COMPANY						
Solidarity Insurance	, <b>EXI)</b> : ()								
701 COMMERCE ST			Westchester						
			1155 Avenue of t	he America:	s. 11th Floo	or			
DALLAS	TX 75:	202-4522			o,				
FAX (A/C, No): (817) 439-2487 E-MAIL ADDRESS:			New York, NY 10	036					
CODE:	SUB CODE:		,						
AGENCY CUSTOMER ID #: TX000472017									
INSURED			LOAN NUMBER			POLICY NU	JMBER		
Parkmont Place HOA Inc						D95000	277001		
1512 Crescent Dr			EFFECTIVE DATE	E E	XPIRATION D	ATE	CONTINUE		
			04/17/2021		04/17/202	2		TED IF CHECKED	
Carrollton	TX 750	006	THIS REPLACES PRIO	R EVIDENCE D	ATED:				
PROPERTY INFORMATION									
LOCATION/DESCRIPTION									
Flower Mound TX 75028									
THE POLICIES OF INSURANCE LIS NOTWITHSTANDING ANY REQUIR									
EVIDENCE OF PROPERTY INSURA	ANCE MAY BE ISSUED OR MAY	PERTAIN,	THE INSURANCE	AFFORDED	BY THE F	OLICIES DE	SCRIBED	D HEREIN IS	
SUBJECT TO ALL THE TERMS, EX	CLUSIONS AND CONDITIONS O	DF SUCH P	OLICIES. LIMITS	SHOWN MA	Y HAVE BI	EEN REDUCE	ED BY PA	AID CLAIMS.	
COVERAGE INFORMATION	PERILS INSURED B	ASIC	BROAD X S	PECIAL					
	COVERAGE / PERILS / FORM	//S				MOUNT OF INSU	JRANCE	DEDUCTIBLE	
Blanket Buildings / AOP / Replaceme	ent Cost				\$	9,531,650		\$5,000	
Equipment Breakdown / AOP / Repla	acement Cost				\$	1,000,000		\$5,000	
Business Personal Property / AOP /	Replacement Cost					\$14,180		\$5,000	
Wind / Hail					i	ncluded		2% / \$10,000 m	
Building Ordinance or Law					ir	ncluded		\$5,000	
REMARKS (Including Special Co	nditions)								
Coverage has been placed on a "wa	Ils out" basis, homeowners are re	esponsible f	for coverage from t	the "walls in	".				
			-						
10 day written notice required for car	ncellation.								
Policy D95000277001 reduces the V	Vind/Hall deductible to 1%.								
CANCELLATION SHOULD ANY OF THE ABOVE D									
DELIVERED IN ACCORDANCE W									
ADDITIONAL INTEREST									
NAME AND ADDRESS			ADDITIONAL INSU	IRED	NDER'S LOSS	PAYABLE	LO	OSS PAYEE	
		$\vdash$	MORTGAGEE	$\vdash$					
		L.	LOAN #						
			AUTHORIZED REPRESE	ENTATIVE					
			 @ 1	002-2015 /				ights reserved.	
ACORD 27 (2016/03)									