

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

						06/18/2025
THIS EVIDENCE OF PROPERTY IN ADDITIONAL INTEREST NAMED B COVERAGE AFFORDED BY THE P ISSUING INSURER(S), AUTHORIZE	ELOW. THIS EVIDENCE D OLICIES BELOW. THIS E	OES NOT AF	FIRMATIVELY OR NEG	ATIVELY AMEND, T CONSTITUTE A	EXTEND OR ALT	ER THE
AGENCY PHONE (A/C, No, E	(214) 206-8999		COMPANY			
Solidarity Insurance	<b>xij.</b> ( ) <sup>2</sup>					
4570 Westgrove Dr.			United States Liab Ins Co			
Suite 273			1190 Devon Park Drive			
		75004	1190 Devon Park Drive	;		
Addison FAX (917) 420 2497 E-MAIL		75001				
(A/C, No): (817) 439-2487 E-MAIL ADDRESS:	Contactus@SolidarityInsur	ance.com	Wayne		I	PA 19087
CODE:	SUB CODE:					
AGENCY CUSTOMER ID #: TX001152017						
INSURED			LOAN NUMBER		POLICY NUMBER	
Chalk Hill HOA					NPP025F5540	
1512 Crescent Dr			EFFECTIVE DATE	EXPIRATION DATE	CONTINUU	
			05/11/2025	05/11/2026		TED IF CHECKED
Carrollton	ту	75006	THIS REPLACES PRIOR EVID			
Caroliton		75000				
						1
LOCATION/DESCRIPTION						
THE POLICIES OF INSURANCE LIST	MENT, TERM OR CONDITIO	ON OF ANY C	ONTRACT OR OTHER D	OCUMENT WITH R	ESPECT TO WHIC	CH THIS
EVIDENCE OF PROPERTY INSURAN SUBJECT TO ALL THE TERMS, EXCL			OLICIES. LIMITS SHOW			
COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD X SPECIA	L		
	COVERAGE / PERILS / F	ORMS		AMO	UNT OF INSURANCE	DEDUCTIBLE
Fencing / AOP / Replacement Cost				\$100	0,000	\$1,000
Signage / AOP / Replacement Cost				\$50.	000	\$1,000
Restroom Building / AOP / Replaceme	ent Cost			\$75,		\$1,000
Pool & Equipment / AOP / Replaceme					0,000	\$1,000
				\$25,		\$1,000
Pool Fencing / AOP / Replacement Co						
Irrigation / AOP / Replacement Cost		\$5,0		\$1,000		
Lighting / AOP / Replacement Cost				\$25,		\$1,000
Landscaping / AOP / Replacement Co	ost			\$50,	000	\$1,000
Wind / Hail				Inclu	ıded	\$5,000
<b>REMARKS (Including Special Cond</b>	ditions)					
Policy requires 10 day written notice for						
	- Calleonation					
						~ <b>F</b>
SHOULD ANY OF THE ABOVE DES			EFORE THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL E	BE
DELIVERED IN ACCORDANCE WIT		JN3.				
ADDITIONAL INTEREST		<u>.</u>				
NAME AND ADDRESS			ADDITIONAL INSURED	LENDER'S LOSS PA	YABLE LC	DSS PAYEE
		T T	MORTGAGEE			
		F	LOAN #			
		F	AUTHORIZED REPRESENTATI	VE		
			011			
$\mathcal{A}_{\mathcal{M}}$						
			89	-		

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