

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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 AI	FIRMATIVELY OR N	EGATIVELY AME	ND, E	XTEND OR AL	TER THE
AGENCY PHONE (A/C, No, E	<sub>xt):</sub> (214) 206-8999		COMPANY				
Solidarity Insurance	-						
4570 Westgrove Dr.			United States Liab Ins Co				
Suite 273			1190 Devon Park Drive				
Addison	ТХ	75001					
FAX (A/C, No): (817) 439-2487 E-MAIL ADDRESS:	Contactus@SolidarityInsura	ance.com	Wayne				PA 19087
CODE:	SUB CODE:						
AGENCY CUSTOMER ID #:							
INSURED			LOAN NUMBER POLICY NUMBER				
Crescent Estates Lewisville HOA Inc					NPP1608512A		
1512 Crescent Dr			EFFECTIVE DATE	EXPIRATION I	DATE		NUED UNTIL
			01/19/2023	01/19/202	24		NATED IF CHECKED
Carrollton	TX	75006	THIS REPLACES PRIOR E	EVIDENCE DATED:			
PROPERTY INFORMATION							
LOCATION/DESCRIPTION							
THE POLICIES OF INSURANCE LIST	ED BELOW HAVE BEEN IS	SUED TO TH	E INSURED NAMED A	BOVE FOR THE P	OLIC	Y PERIOD IND	ICATED.
NOTWITHSTANDING ANY REQUIRE	MENT, TERM OR CONDITIO	ON OF ANY C	ONTRACT OR OTHE	R DOCUMENT WIT	TH RE	SPECT TO WH	IICH THIS
EVIDENCE OF PROPERTY INSURAN							
SUBJECT TO ALL THE TERMS, EXCL			ULICIES. LIMITS SH		DEEN	KEDUCED BY	PAID CLAIMS.
COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD SPE	CIAL			
	COVERAGE / PERILS / FO	ORMS				NT OF INSURANCE	
BLANKET BUSINESS PROPERTY/ AGREED AMOUNT				\$60,000 \$1,000			
WIND/ HAIL						JDED	\$2,500
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