



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/24/2024

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.

|                                                                                       |                                                                   |                                                                |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------|
| AGENCY<br>Solidarity Insurance<br>4570 Westgrove Dr.<br>Suite 273<br>Addison TX 75001 | PHONE<br>(A/C, No, Ext): (214) 206-8999                           | COMPANY<br>Wesco Ins Co<br>59 Maiden Lane<br>New York NY 10038 |
| FAX<br>(A/C, No): (817) 439-2487                                                      | E-MAIL<br>ADDRESS: Contactus@SolidarityInsurance.com              |                                                                |
| CODE:<br>AGENCY<br>CUSTOMER ID #: TX000192017                                         | SUB CODE:                                                         |                                                                |
| INSURED<br>CROWLEY CREEKSIDE HOA Inc<br>1512 Crescent Dr<br>Carrollton TX 75006       | LOAN NUMBER                                                       | POLICY NUMBER<br>WPP2024532 01                                 |
|                                                                                       | EFFECTIVE DATE<br>09/07/2024                                      | EXPIRATION DATE<br>09/07/2025                                  |
|                                                                                       | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |                                                                |
| THIS REPLACES PRIOR EVIDENCE DATED:                                                   |                                                                   |                                                                |

## 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.

## COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

SPECIAL

| COVERAGE / PERILS / FORMS                            | AMOUNT OF INSURANCE | DEDUCTIBLE |
|------------------------------------------------------|---------------------|------------|
| Fences, Entries & Monuments / AOP / Replacement Cost | \$841,011           | \$2,500    |
| Lighting / AOP / Replacement Cost                    | \$46,051            | \$2,500    |
| Pool, Equipment, & Restroom Building                 | \$659,108           | \$2,500    |
| Parks & Recreation / AOP / Replacement Cost          | \$50,000            | \$2,500    |
| Wind / Hail                                          | Included            | 2% of TIV  |

## REMARKS (Including Special Conditions)

Property policy for Crowley Creekside HOA Inc. covers common area property only. There is no coverage for the individual homes within the community. Policy requires 10 day written notice 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                                                                                                         |                       |            |
|                  | LOAN #                                                                                                            |                       |            |
|                  | AUTHORIZED REPRESENTATIVE<br> |                       |            |