

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/20/2022 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 AGENCY COMPANY Solidarity Insurance 701 Commerce St. AmTrust Insurance Company Suite 611 4455 LBJ FREEWAY STE 700 Dallas TX 75202-4522 DALLAS TX 75244 E-MAIL ADDRESS: FAX (A/C, No): (817) 439-2487 Contactus@SolidarityInsurance.com CODE: SUB CODE: AGENC' CUSTOMER ID #: TX000632017 LOAN NUMBER POLICY NUMBER INSURED KPP105894501 CROWN VALLEY ESTATES HOA Inc. EFFECTIVE DATE **EXPIRATION DATE** 1512 Crescent Dr CONTINUED UNTIL TERMINATED IF CHECKED 10/05/2022 10/05/2023 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. COVERAGE INFORMATION PERILS INSURED BASIC BROAD SPECIAL COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Building / AOP / Replacement Cost \$240,000 \$1000 Equipment Breakdown \$1,000,000 \$1000 **REMARKS (Including Special Conditions)** Policy requires ten day written notice for cancelation 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