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| ACORD |  |

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

|   |   |                             |   |                            | ANOL                                     | •       |                              | 06/04/2024                 |
|---|---|-----------------------------|---|----------------------------|--|---------|------------------------------|----------------------------|
| THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE<br>ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE<br>COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE<br>ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. |   |                             |   |                            |  |         |                              |                            |
| AGENCY PHONE<br>(A/C, No, Ex  | (214) 206-8999                                  |                             | COMPANY   |                            |  |         |                              |                            |
| Solidarity Insurance  | ,   |                             |   |                            |  |         |                              |                            |
| 4570 Westgrove Dr.  |   |                             | United Sta  | ates Liab Ins C            | o  |         |                              |                            |
| Suite 273   |   |                             | 1190 Devon Park Drive                               |                            |  |         |                              |                            |
| Addison   | тх  | 75001                       |   |                            |  |         |                              |                            |
| FAX<br>(A/C, No): (817) 439-2487 E-MAIL<br>ADDRESS: Contactus@SolidarityInsurance.com   |   |                             |   |                            |  |         |                              | PA 19087                   |
| CODE:   | SUB CODE:                                       |                             | Wayne   |                            |  |         |                              |                            |
| AGENCY<br>CUSTOMER ID #: TX001042017  | SUB CODE.                                       |                             |   |                            |  |         |                              |                            |
| INSURED   |   |                             | LOAN NUMBE  | ER                         |  | F       | POLICY NUMBER                |                            |
| HOMEPLACE AT THE COLUMNS HOA Inc  |   |                             |   |                            |  |         | NPP1619506A                  |                            |
| 1512 Crescent Dr  |   |                             | EFFECT  | IVE DATE                   | EXPIRATION                               |         |                              |                            |
|   |   |                             |   | 7/2024                     | 04/27/20                                 |         |                              | ED UNTIL<br>FED IF CHECKED |
| Correllton  | ту  | 75000                       |   | CES PRIOR EVIDE            |  | 020     |                              |                            |
| Carrollton  | IX  | 75006                       | THIS KEPLAC   |                            | NCE DATED.                               |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
| LOCATION/DESCRIPTION  |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
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|   |   |                             |   |                            |  |         |                              |                            |
| THE POLICIES OF INSURANCE LISTE<br>NOTWITHSTANDING ANY REQUIREM<br>EVIDENCE OF PROPERTY INSURAN<br>SUBJECT TO ALL THE TERMS, EXCL   | IENT, TERM OR CONDITIC<br>CE MAY BE ISSUED OR M | ON OF ANY CO<br>AY PERTAIN, | ONTRACT (<br>THE INSUF                              | OR OTHER DO<br>RANCE AFFOR | DOUMENT WI                               | TH RES  | SPECT TO WHIC                | CH THIS<br>D HEREIN IS     |
|   |   | T T                         |   |                            |  | DELINI  |                              |                            |
| COVERAGE INFORMATION  | PERILS INSURED                                  | BASIC                       | BROAD   |                            |  |         |                              |                            |
|   | COVERAGE / PERILS / FO                          | ORMS                        |   |                            |  |         | T OF INSURANCE               | DEDUCTIBLE                 |
| Building/ AOP / Replacement Cost  |   |                             |   |                            |  | \$110,0 |                              | \$1,000                    |
| Pool / AOP / Replacement Cost   |   |                             |   |                            |  | \$100,0 |                              | \$1,000                    |
| Outdoor Sign / AOP / Replacement Cos  | st  |                             |   |                            |  | \$25,00 | 00                           | \$500                      |
| Outdoor Property / AOP / Replacement  | Cost  |                             |   |                            |  | \$302,0 | 000                          | \$1,000                    |
| Wind / Hail   |   |                             |   |                            |  | Includ  | ed                           | \$2,500                    |
|   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
| DEMARKS (Including Special Cond   | itiona)   |                             |   |                            |  |         |                              |                            |
| REMARKS (Including Special Cond   |   |                             |   |                            | ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- · |         | de la de alteration en la co |                            |
| Policy requires 10 day written notice for   | cancellation. Master HOA                        | policy covers               | common ar   | eas only. Ther             | e is no covera                           | age for | the individual noi           | meowners                   |
| property.   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
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|   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
| SHOULD ANY OF THE ABOVE DES<br>DELIVERED IN ACCORDANCE WIT  |   |                             | EFORE IN  | EEXPIRATIO                 | N DATE THE                               | REOF,   | NOTICE WILL E                | SE                         |
|   |   |                             |   |                            |  |         |                              |                            |
| ADDITIONAL INTEREST   |   |                             |   |                            |  | 00 0414 |                              |                            |
| NAME AND ADDRESS  |   | F                           |   |                            | LENDER'S LO                              | SS PAYA |                              | SS PAYEE                   |
|   |   | Ļ                           | MORTGA  | GEE                        |  |         |                              |                            |
|   |   |                             | LOAN #  |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
|   | AUTHORIZED REPRESENTATIVE                       |                             |   |                            |  |         |                              |                            |
|   |   |                             |   |                            |  |         |                              |                            |
|   |   |                             |   | -JS                        |  |         |                              |                            |
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