



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/18/2025

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>Third Coast Ins Co<br>200 West Madison Street<br>Suite 3850<br>Chicago IL 60606--3465 |
| FAX<br>(A/C, No): (817) 439-2487                                                                        | E-MAIL<br>ADDRESS: Contactus@SolidarityInsurance.com              |                                                                                                  |
| CODE:<br>AGENCY<br>CUSTOMER ID #: TX000452017                                                           | SUB CODE:                                                         |                                                                                                  |
| INSURED<br>Parkview Lane Townhome Owners Association Inc<br>1512 Crescent Dr<br><br>Carrollton TX 75006 | LOAN NUMBER                                                       | POLICY NUMBER<br>SUM4-002489-25                                                                  |
|                                                                                                         | EFFECTIVE DATE<br>05/12/2025                                      | EXPIRATION DATE<br>05/12/2026                                                                    |
|                                                                                                         | <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

Townhome Buildings / AOP / 100 % Replacement Cost

\$21,751,750

\$25,000

Outdoor Property / AOP / 100 % Replacement Cost

\$220,000

\$25,000

Equipment Breakdown

Included

\$25,000

Wind / Hail

Included

5% of TIV

Building Ordinance or Law

Included

\$25,000


## REMARKS (Including Special Conditions)

Coverage has been placed on a "walls out" basis and includes common are per the CC&R. Secondary Property Layer Policy SP14902901. 91 units listed.

## 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> |                       |            |