

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

		EVIDENCE	OF PRO	PERIT INSU	RANCE			06/23/2020
THIS EVIDENCE OF PRO ADDITIONAL INTEREST COVERAGE AFFORDED ISSUING INSURER(S), A	NAMED B BY THE P UTHORIZE	ELOW. THIS EVIDEN POLICIES BELOW. TI ED REPRESENTATIV	CE DOES NOT A HIS EVIDENCE O	FFIRMATIVELY OR NEO	SATIVELY AMEND OT CONSTITUTE	, EXTEND (OR ALT	ER THE
AGENCY	PHONE (A/C, No, E	(214) 206-8999		COMPANY				
Solidarity Insurance	and the second s							
701 COMMERCE ST				Third Coast Insurance Company				
DALLAS			TX 75202-4522					
	Contactus@Solidarity	-						
	E-MAIL ADDRESS:	1	insurance.com	-				
CODE:	7	SUB CODE:		-				
AGENCY CUSTOMER ID #: TX000452017	/		LOANAUMDED POLICYAUMDED					
NSURED			LOAN NUMBER POLICY NUMBER					
Parkview Townhome Owne	rs Associat	tion Inc			STR703140220			
1512 Crescent Dr			EFFECTIVE DATE	EXPIRATION DA		CONTINUED UNTIL		
				04/12/2020	04/12/2021		ΓERMINA	TED IF CHECKED
Carrollton			TX 75006	THIS REPLACES PRIOR EVII	DENCE DATED:			
PROPERTY INFORMATION	N							
OCATION/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	ON	PERILS INSURED	BASIC	BROAD X SPECIA	AL			
		COVERAGE / PER	ILS / FORMS		AI	OUNT OF INSU	RANCE	DEDUCTIBLE
Blanket Buildings / AOP / R	t Cost		\$8	\$8,796,503 \$10,000		\$10,000		
Blanket Business Personal		\$2	20,000		\$10,000			
Wind / Hail			included			1% TIV		
Equipment Breakdown / AO			\$1,000,000 \$10,000		\$10,000			
Building Ordinance or Law			ine	included \$10,000				
REMARKS (Including Spe	ecial Cond	ditions)						
36 units currently covered o	n the polic	ies.						
Coverage has been placed	on a "walls	out" basis.						
2411251147121								
CANCELLATION	DOVE 5=	2001DED DO: 10150						
SHOULD ANY OF THE A DELIVERED IN ACCORD				BEFORE THE EXPIRATI	ON DATE THERE	OF, NOTICE	WILL E	3E
ADDITIONAL INTEREST								
NAME AND ADDRESS				ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS	PAYABLE	LC	OSS PAYEE
information	nal purpose	es only		LOAN#				
				AUTHORIZED REPRESENTAT	IVE			
$=$ $1 \wedge 1 $								