

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

					05/05/2025	
ADDITIONAL INTEREST NAMED E COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHORIZ	NSURANCE IS ISSUED AS A MATTER (BELOW. THIS EVIDENCE DOES NOT A POLICIES BELOW. THIS EVIDENCE O ED REPRESENTATIVE OR PRODUCER	FFIRMATIVELY OR NEGA	ATIVELY AMENE T CONSTITUTE	, EXTEND OR ALT	ER THE	
AGENCY PHONE (A/C, No,	Ext): (214) 206-8999	COMPANY				
Solidarity Insurance						
4570 Westgrove Dr.		United States Liab Ins Co				
Suite 273		1190 Devon Park Drive				
Addison	TX 75001					
FAX (A/C, No): (817) 439-2487 E-MAIL ADDRESS:	Contactus@SolidarityInsurance.com	Wayne			PA 19087	
CODE:	SUB CODE:					
AGENCY CUSTOMER ID #: TX000402017						
INSURED		LOAN NUMBER		POLICY NUMBER		
The Retreat at Stonebriar HOA Inc			NPP1611287B			
1512 Crescent Dr		EFFECTIVE DATE	EXPIRATION DA	CONTINU		
		05/09/2024	05/09/2025		TED IF CHECKED	
Carrollton	TX 75006	THIS REPLACES PRIOR EVIDE	NCE DATED:			
PROPERTY INFORMATION						
	TED BELOW HAVE BEEN ISSUED TO TH EMENT, TERM OR CONDITION OF ANY (
	NCE MAY BE ISSUED OR MAY PERTAIN					
	LUSIONS AND CONDITIONS OF SUCH I					
COVERAGE INFORMATION	PERILS INSURED BASIC	BROAD X SPECIAL				
	COVERAGE / PERILS / FORMS			OUNT OF INSURANCE	DEDUCTIBLE	
All Outdoor Property/ AOP / Replacen				34,000	\$1,000	
Wind / Hail				cluded	\$2,500	
REMARKS (Including Special Con	ditions)					
Policy requires 10 day written notice f						
Folicy requires to day written notice f						
CANCELLATION						
	SCRIBED POLICIES BE CANCELLED	BEFORE THE EXPIRATIO	N DATE THERE	OF, NOTICE WILL	BE	
DELIVERED IN ACCORDANCE WI	TH THE POLICY PROVISIONS.					
ADDITIONAL INTEREST						
NAME AND ADDRESS		ADDITIONAL INSURED	LENDER'S LOSS		OSS PAYEE	
		MORTGAGEE				
		LOAN #				
		AUTHORIZED REPRESENTATIV	E			
RIN.						
		J.S.				
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