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## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

				INGC	והאוו	ICL			09/14/2022
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.									
AGENCY PHONE (A/C, No, E	Ext): (214) 206-8999		COMPANY						
Solidarity Insurance	<i>y</i>								
701 Commerce St.			Scottsdale	Insurance	Compan	v			
Suite 611						•			
Dallas	TΣ	( 75202-4522							
FAX (A/C, No): (817) 439-2487 E-MAIL ADDRESS:	Contactus@SolidarityInst		-						
CODE:	SUB CODE:		-						
AGENCY CUSTOMER ID #: TX000782017	0000000		-						
INSURED			LOAN NUMBER	र			PO	LICY NUMBER	
Soho Square HOA Inc							CI	PS7642847	
1512 Crescent Dr			EFFECTIN		FXF	PIRATION D		0/04204/	
1312 Clescent Di									ED UNTIL TED IF CHECKED
Correllton	T	/ 75000	08/15/			08/15/202	3		
Carrollton	17	〈 75006	THIS KEPLACE		DENCE DA	ILD.			
PROPERTY INFORMATION									
THE POLICIES OF INSURANCE LIST NOTWITHSTANDING ANY REQUIRE EVIDENCE OF PROPERTY INSURAN SUBJECT TO ALL THE TERMS, EXCL	MENT, TERM OR CONDIT	TION OF ANY C MAY PERTAIN,	ONTRACT O	R OTHER I	DOCUMI ORDED	ENT WITH BY THE F	H RESP POLICIE	ECT TO WHI	CH THIS D HEREIN IS
COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECI	AL	<u> </u>			
	COVERAGE / PERILS /							OF INSURANCE	DEDUCTIBLE
Business Personal Property / AOP / S	pecial / Replacement Cos	t				\$	5100,00	0	\$5000
Amenity Centers/ AOP / Special / Replacement Cost						\$	51,500,0	000	\$5000
Pools/Equipment/furniture / AOP / Special / Replacement Cost						\$	200,00	0	\$5000
Outdoor Property / AOP / Special / Replacement Cost						\$	325,00	0	\$5000
Wind / Hail						i	ncluded		2% or min \$500
REMARKS (Including Special Cond	ditions)								
	unions								
CANCELLATION									
SHOULD ANY OF THE ABOVE DES DELIVERED IN ACCORDANCE WIT			EFORE THE	EXPIRAT	ON DAT	TE THER	EOF, N	OTICE WILL	BE
ADDITIONAL INTEREST				L INSURED	I FN	DER'S LOSS	PAYARI	E I	DSS PAYEE
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