



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/13/2024

**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 Solidarity Insurance 4570 Westgrove Dr. Suite 273 Addison TX 75001		PHONE (A/C, No, Ext): (214) 206-8999	COMPANY Arch Specialty Insurance Company 2345 Grand Blvd Kansas City MO 64108	
FAX (A/C, No): (817) 439-2487	E-MAIL ADDRESS: Contactus@SolidarityInsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: TX001222017				
INSURED Bel Air Village Residential HOA 1512 Crescent Dr Carrollton TX 75006		LOAN NUMBER	POLICY NUMBER NHPRP0138001	
		EFFECTIVE DATE 07/12/2024	EXPIRATION DATE 07/12/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Sherman, TX 75090

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
Buildings / AOP / 100% Replacement Cost	\$27,537,276	\$2,500
Building Ordinance or Law(A)	Included	\$2,500
Building Ordinance or Law (B,C)	Included	\$2,500
Outdoor Property / AOP / Replacement Cost (Policy WPP200476201)	\$930,200	\$1,000
Wind / Hail	Included	3% of TIV
Outdoor Property/ AOP / Replacement Cost	\$1,500,000	\$2,500

## REMARKS (Including Special Conditions)

Coverage has been placed on a "walls out" basis. Policy requires 10 day written notice for cancellation. 94 units listed. BLDG1: 1147-1151-1155-1159 MORGAN DR | BLDG2: 3722-3726-3730-3734 MALIBU DR | BLDG3: 3702-3706-3710-3714-3718 MALIBU DR | BLDG4: 3721-3725-3729-3733-3737 MALIBU DR | BLDG5: 3701-3705-3709-3713-3717 MALIBU DR | BLDG6: 3700-3704-3708-3712 QUEEN RD | BLDG7: 3700-3704-3708-3712-3716-3720 PARADISE WAY | BLDG8: 3701-3705-3709-3713-3717 BEL AIR BLVD | BLDG9: 3724-3728-3732-3736-3740 PARADISE WAY | BLDG10: 1217-1221-1225-1229 MORGAN DR | BLDG11: 1110-1114-1118-1122 MORGAN DR | BLDG12: 1126-1130-1134-1138-1142 MORGAN DR | BLDG13: 3723-3727-3731-3735 QUEEN RD | BLDG14: 1201-1205-1209-1213 MORGAN DR | BLDG15: 3721-3725-3729-3733-3737 Bel Air Blvd | BLDG 16: 3741-3745-3749-3753-3757 BEL AIR BLVD | BLDG 17: 3703-3707-3711-3715-3719 QUEEN RD | BLDG18: 3716-3720-3724-3728-3732 QUEEN RD | BLDG19: 1146-1150-1154-1158-1162 MORGAN

## 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
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			