



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/20/2025

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 Solidarity Insurance 4570 Westgrove Dr. Suite 273 Addison TX 75001		PHONE (A/C, No, Ext): (214) 206-8999	COMPANY American Risk Insurance Company P.O Box 270627 Houston TX 77277-0627	
FAX (A/C, No): (817) 439-2487	E-MAIL ADDRESS: Contactus@SolidarityInsurance.com			
CODE: AGENCY CUSTOMER ID #:	SUB CODE:			
INSURED Lakeshore Terrace Townhome Owners Association Inc. 1512 Crescent Dr Carrollton TX 75006			LOAN NUMBER	POLICY NUMBER CF196170-00
EFFECTIVE DATE 05/08/2025		EXPIRATION DATE 05/08/2026		<input type="checkbox"/> CONTINUED UNTIL 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

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SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Buildings / AOP / 100% Replacement Cost

\$23,487,875

\$10,000

Outdoor Property / AOP / 100% Replacement Cost

\$27,000

\$10,000

A,B, C Building Ordinance or Law

Included

\$10,000

Wind / Hail

Included

3% of TIV

Equipment Breakdown (Policy BME1-B3232471-TIL-25)

\$24,433,905

\$5,000

REMARKS (Including Special Conditions)

Policy requires 10 day written notice for cancellation. Coverage has been placed on a "walls out" basis and contains coverage for common areas per the CCR. 14 buildings and 83 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	<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>			
	LOAN #					
	AUTHORIZED REPRESENTATIVE 					