

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

	ETIDENCE								02/15/2023	
THIS EVIDENCE OF PROPERTY IN ADDITIONAL INTEREST NAMED B COVERAGE AFFORDED BY THE P ISSUING INSURER(S), AUTHORIZE	ELOW. THIS EVIDENCE POLICIES BELOW. THIS	E DOES NOT AF	FIRMATIV INSURAN	ELY OR NEGA CE DOES NO	TIVEL	Y AMEN	D, EXTE	ND OR ALT	ER THE	
AGENCY PHONE (A/C, No, E	(214) 206-8999		COMPANY							
Solidarity Insurance										
4570 Westgrove Dr.				AMERIAN RISK INS CO						
Suite 273										
Addison	т	X 75001	P.O. BOX	270627						
									T)/ 77077	
FAX (A/C, No): (817) 439-2487 E-MAIL ADDRESS:	Contactus@SolidarityIns	surance.com	HOUSTO	N .					TX 77277	
CODE:	SUB CODE:									
AGENCY CUSTOMER ID #: TX000242017										
INSURED			LOAN NUMBER POLICY NUMBER							
The Pinnacle at Riverwalk Townhome Owners Association Inc							CF1	CF114344-02		
1512 Crescent Dr			EFFECTIVE DATE EXPIRATION			IRATION DA	ONTINUED UNTIL			
			1/30	)/2023	1	/30/2024	.  [		TED IF CHECKED	
Carrollton TX 75006			THIS REPLACES PRIOR EVIDENCE DATED:							
Cartolitori		X 10000								
			I							
PROPERTY INFORMATION										
LOCATION/DESCRIPTION										
THE POLICIES OF INSURANCE LIST										
NOTWITHSTANDING ANY REQUIRED										
EVIDENCE OF PROPERTY INSURAN SUBJECT TO ALL THE TERMS, EXCL										
SUBJECT TO ALL THE TERMIS, EXCL									AID GLAINIS.	
COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	X SPECIAL						
COVERAGE / PERILS / FORMS				AM			MOUNT OF	IOUNT OF INSURANCE DEDUCTIBLE		
Blanket Buildings and BPP / AOP / Replacement Cost				\$10,852,2			10,852,2	34	\$10,000	
Blanket Miscellaneous Property / AOP				\$	17,200		\$10,000			
Equipment Breakdown / AOP / Replacement Cost								D	\$10,000	
Wind / Hail							INCLUDED 2% OF TIV			
Building Ordinance or Law (A)							INCLUDED \$10,000			
Building Ordinance or Law (B,C)						11	NCLUDE	D	\$10,000	
DEMARKO (Including One sist One	ditiona)									
REMARKS (Including Special Conc										
Policy requires ten day written notice for	or cancelation. Coverage	has been placed	d on a "wall	s out" basis pe	r the b	ylaws. 54	units list	ed.		
CANCELLATION										
SHOULD ANY OF THE ABOVE DES	SCRIBED POLICIES BE	CANCELLED B	EFORF TH				EOF. NO		BE	
DELIVERED IN ACCORDANCE WIT							,			
ADDITIONAL INTEREST		I			1		DAVADIE	I		
NAME AND ADDRESS				DER'S LOSS	PAYABLE		DSS PAYEE			
			MORTGA	GEE						
			LOAN #		_					
*** INFORMATIONAL P	UKPUSES ***									
		F	AUTHORIZED	REPRESENTATIV	E					
				011						
				121	)					
				85						

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