



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/22/2022

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 Solidarity Insurance 701 Commerce St. Suite 611 Dallas TX 75202-4522	PHONE (A/C, No, Ext): (214) 206-8999	COMPANY  United Specialty Insurance Company
FAX (A/C, No): (817) 439-2487	E-MAIL ADDRESS: Contactus@SolidarityInsurance.com	
CODE: AGENCY CUSTOMER ID #: TX000582017	SUB CODE:	
INSURED Frisco/Park West Property Owner's Association Inc. 1512 Crescent Dr  Carrollton TX 75006	LOAN NUMBER	POLICY NUMBER NPP1605621
	EFFECTIVE DATE 08/10/2021	EXPIRATION DATE 08/10/2022
	<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

 SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Business Personal Property / AOP / Replacement Cost  
Outdoor Property / AOP / Replacement Cost

\$50,000  
\$300,000

\$1000  
\$1000

## REMARKS (Including Special Conditions)

Coverage includes the common area per the HPA bylaws.

## 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

MORTGAGEE

LOAN #

AUTHORIZED REPRESENTATIVE

\*\*\*informational purposes only\*\*\*