



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/01/2023

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 Evanston Ins Co Ten Parkway North Deerfield IL 60015	
FAX (A/C, No): (817) 439-2487	E-MAIL ADDRESS: Contactus@SolidarityInsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: TX000982017		LOAN NUMBER		POLICY NUMBER 1AA327438
INSURED LEGENDS CROSSING MASTER HOMEOWNERS ASSOCIATION INC 1512 Crescent Dr Carrollton TX 75006		EFFECTIVE DATE 01/11/2023	EXPIRATION DATE 01/11/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  Irving, Tx 75063
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
Misc. Outdoor Property / AOP / Replacement Cost WIND / HAIL	\$260,000 INCLUDED	\$1,000 2% OR \$5K MIN

## REMARKS (Including Special Conditions)

10 day notice for policy cancellation.
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## 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 			