

EVIDENCE OF DOODEDTV INGUDANCE

DATE (MM/DD/YYYY)

	EVIDENCE OF PRO		ANCE		02/29/2024
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 PHONE (A/C, No, E		COMPANY	_		
Solidarity Insurance	(214) 200 0000	-			
4570 Westgrove Dr.		Scottsdale Insurnace Co	mnany		
Suite 273					
	TV 75004	18700 North Hayden Ro	au		
Addison	TX 75001	O sette de la			17 05055
	Contactus@SolidarityInsurance.com	Scottsdale			AZ 85255
	SUB CODE:	_			
AGENCY CUSTOMER ID #: TX001202017 INSURED					
		LOAN NUMBER		POLICY NUMBER	
Tenison Village HOA				CPS7948448	
		EFFECTIVE DATE	EXPIRATION DATE	CONTINU	JED UNTIL
		02/21/2024	02/21/2025	TERMINA	TED IF CHECKED
		THIS REPLACES PRIOR EVIDE	NCE DATED:		
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
	ED BELOW HAVE BEEN ISSUED TO TH MENT, TERM OR CONDITION OF ANY C				
	ICE MAY BE ISSUED OR MAY PERTAIN.				
	LUSIONS AND CONDITIONS OF SUCH F				
	PERILS INSURED BASIC	BROAD X SPECIAL			
	COVERAGE / PERILS / FORMS	I DROAD IV I OFECIAL		OUNT OF INSURANCE	DEDUCTIBLE
OUTDOOR PROPERTY/ AOP / REPL				3,970	\$1,000
	ACMENT COST		φυυ	5,970	\$1,000
REMARKS (Including Special Cond	ditions)				
Policy requires 10 day written notice for					
CANCELLATION					
	SCRIBED POLICIES BE CANCELLED B				BE
DELIVERED IN ACCORDANCE WIT					
ADDITIONAL INTEREST			LENDER'S LOSS PA		OSS PAYEE
INAME AND ADDRESS	ŀ	ADDITIONAL INSURED			USS PATEE
		MORTGAGEE			
		LOAN #			
AUTHORIZED REPRESENTATIVE					
811					
	-JE				
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