



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/07/2020

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 DALLAS TX 75202-4522	PHONE (A/C, No, Ext): (214) 206-8999	COMPANY Scottsdale Insurance Company
FAX (A/C, No): (817) 439-2487	E-MAIL ADDRESS: Contactus@SolidarityServices.com	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED Bridges at Preston Crossing HOA Inc	LOAN NUMBER	POLICY NUMBER CPS2954671
	EFFECTIVE DATE 05/11/2019	EXPIRATION DATE 05/11/2020
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION Bridges at Preston Crossing HOA 17070 FM 121 Gunter, TX 75078
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	\$75,000	\$1,000
Miscellaneous Outdoor Property / AOP / Replacement Cost	\$25,000	\$1,000

REMARKS (Including Special Conditions)

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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 ***informational purposes only***	ADDITIONAL INSURED <input type="checkbox"/>	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>
	MORTGAGEE <input type="checkbox"/>		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			