

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

					06/04/2024	
THIS EVIDENCE OF PROPERTY INSURANCE ADDITIONAL INTEREST NAMED BELOW. T COVERAGE AFFORDED BY THE POLICIES ISSUING INSURER(S), AUTHORIZED REPR	THIS EVIDENCE DOES NOT A BELOW. THIS EVIDENCE O	FFIRMATIVELY OR NEG	ATIVELY AMEND, T CONSTITUTE A	EXTEND OR ALT	ER THE	
AGENCY PHONE (A/C, No, Ext): (214) 206-8999	COMPANY				
Solidarity Insurance						
4570 Westgrove Dr.		Wesco Ins Co				
Suite 273		59 Maiden Lane				
Addison TX 75001						
FAX (A/C, No): (817) 439-2487 E-MAIL ADDRESS: Contactu	New York			NY 10038		
CODE: SUB COI	DE:					
AGENCY CUSTOMER ID #: TX000772017						
INSURED		LOAN NUMBER		POLICY NUMBER		
Bloomridge HOA Inc				WPP196688202	2	
1512 Crescent Dr		EFFECTIVE DATE	EXPIRATION DATE	CONTINU	IED UNTIL	
		04/15/2024	04/15/2025	TERMINA	TED IF CHECKED	
Carrollton	TX 75006	THIS REPLACES PRIOR EVID	ENCE DATED:			
LOCATION/DESCRIPTION						
	ERM OR CONDITION OF ANY (BE ISSUED OR MAY PERTAIN	CONTRACT OR OTHER D N, THE INSURANCE AFFO	OCUMENT WITH R RDED BY THE POL /N MAY HAVE BEEI 	ESPECT TO WHIC ICIES DESCRIBE N REDUCED BY P UNT OF INSURANCE 3,040 0,000 6,000 Jded	CH THIS D HEREIN IS	
Wind / Hail Included 5% of TIV REMARKS (Including Special Conditions) Second Conditions Policy requires 10 day written notice for cancellation .Master HOA policy covers common areas only. There is no coverage for the individual homeowners property						
CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED DELIVERED IN ACCORDANCE WITH THE P		BEFORE THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL	BE	
ADDITIONAL INTEREST						
NAME AND ADDRESS		ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PA	YABLE	OSS PAYEE	
		LOAN #				
		AUTHORIZED REPRESENTATIV	/E			
		- LY)			
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