



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/19/2025

**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.**

<b>AGENCY</b> Solidarity Insurance 4570 Westgrove Dr. Suite 273 Addison TX 75001		<b>PHONE (A/C, No, Ext):</b> (214) 206-8999	<b>COMPANY</b> American Risk Ins Co 4669 Southwest Freeway #700 Houston TX 77027	
<b>FAX (A/C, No):</b> (817) 439-2487	<b>E-MAIL ADDRESS:</b> Contactus@SolidarityInsurance.com			
<b>CODE:</b> <b>AGENCY CUSTOMER ID #:</b> TX000042017		<b>SUB CODE:</b>		
<b>INSURED</b> Gables at Ohio Homeowners Association Inc 1512 Crescent Dr Carrollton TX 75006		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> CF11572204	
		<b>EFFECTIVE DATE</b> 02/28/2025	<b>EXPIRATION DATE</b> 02/28/2026	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b>   
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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
Buildings / AOP / Replacement Cost	\$16,955,830	\$10,000
Outdoor Property / AOP / Replacement Cost	\$208,200	\$10,000
Wind / Hail	Included	\$100k per occu

## REMARKS (Including Special Conditions)

Policies contain a minimum 10 day notice of cancellation Coverage is written on a "walls out" basis and contains coverage for common areas pee the CC&R. No coverage allotted for betterments and improvements. Residents are responsible for the "walls in". Currently 85 units covered.

## 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

<b>NAME AND ADDRESS</b>   	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	<b>LOAN #</b>		
<b>AUTHORIZED REPRESENTATIVE</b> 			