



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/02/2025

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.

AGENCY Solidarity Insurance 4570 Westgrove Dr. Suite 273 Addison TX 75001	PHONE (A/C, No, Ext): (214) 206-8999	COMPANY Wesco Ins Co 59 Maiden Lane New York NY 10038
FAX (A/C, No): (817) 439-2487	E-MAIL ADDRESS: Contactus@SolidarityInsurance.com	
CODE: AGENCY CUSTOMER ID #: TX001012017	SUB CODE:	
INSURED Whitewing Trails HOA 1512 Crescent Dr Carrollton TX 75006	LOAN NUMBER	POLICY NUMBER WPP196133503
	EFFECTIVE DATE 03/09/2025	EXPIRATION DATE 03/09/2026
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION

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

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SPECIAL

COVERAGE / PERILS / FORMS

Pool/ Splash Pad, Pool Restroom Building, Pool Equipment / AOP / Replacement Cost
Playground and Sports Field / AOP / Replacement Cost
Fencing, Entries, and Monuments / AOP / Replacement Cost
Outdoor Property
Wind / Hail

AMOUNT OF INSURANCE

\$1,500,000
\$100,000
\$1,020,000
\$5,000
Included

DEDUCTIBLE

\$2500
\$2500
\$2500
\$2500
5% of TIV

REMARKS (Including Special Conditions)

Policy requires 10 day written notice for cancellation.

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
	MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE 		