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## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

	EVIDENCE OF P	ROPERTT INS	URANCE		09/24/2024	
ADDITIONAL INTEREST NAME COVERAGE AFFORDED BY TH ISSUING INSURER(S), AUTHOR	( INSURANCE IS ISSUED AS A MA D BELOW. THIS EVIDENCE DOES I E POLICIES BELOW. THIS EVIDEN RIZED REPRESENTATIVE OR PROI	NOT AFFIRMATIVELY OR NINCE OF INSURANCE DOES	EGATIVELY AMEND, NOT CONSTITUTE A	EXTEND OR AL	FER THE	
AGENCY PHON (A/C, N	E No, Ext): (214) 206-8999	COMPANY				
Solidarity Insurance						
4570 Westgrove Dr.		American Risk Insur	ance Company			
Suite 273						
Addison	TX 75001	1				
FAX (A/C, No): (817) 439-2487 E-MAIL ADDRES	s. Contactus@SolidarityInsurance.c	com				
CODE:	SUB CODE:					
AGENCY CUSTOMER ID #: TX000302017						
INSURED		LOAN NUMBER		POLICY NUMBER		
Bryan Heights Condominium Assoc	ciation. Inc			CF142486-01		
4705 Bryan Street		EFFECTIVE DATE	EXPIRATION DATE			
,		10/1/2023	10/1/2024		JED UNTIL ATED IF CHECKED	
Dallas	TX 75204					
		-				
PROPERTY INFORMATION						
LOCATION/DESCRIPTION						
DALLAS TX 75204						
NOTWITHSTANDING ANY REQUI EVIDENCE OF PROPERTY INSUF	ISTED BELOW HAVE BEEN ISSUED REMENT, TERM OR CONDITION OF RANCE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF S	ANY CONTRACT OR OTHEF	R DOCUMENT WITH R FORDED BY THE POL	RESPECT TO WHI LICIES DESCRIBE	CH THIS D HEREIN IS	
COVERAGE INFORMATION	PERILS INSURED BASI	IC BROAD X SPEC				
	COVERAGE / PERILS / FORMS		AMC	OUNT OF INSURANCE	DEDUCTIBLE	
Blanket Buildings and BPP / AOP /	Replacement Cost / Special		\$4,3	340,775	\$10,000	
Outdoor Property / AOP / Replacer	nent Cost / Special		\$74	,000	\$10,000	
Wind / Hail			INC	LUDED	2% MIN	
Building Ordinance or Law (Covera	ige A)		INC	LUDED	10,000	
Building Ordinance or Law (Covera	ige B/C)		INC	LUDED	10,000	
Equipment Breakdown			\$4,3	340,775	\$5,000	
REMARKS (Including Special C	onditions)				1	
Homeowners are responsible for th Breakdown Policy FBP2375362 (1 25 units currently covered on the po Building 1: 1430 GRIGSBY AVE, #	,	rd as it is NOT REQUIRED. Ex 705 BRYAN ST, #301, 301, 30	valuations are reasses 03, 304, 305  Building	sed annually. Equ 3: 4709 BRYAN S	ipment	
CANCELLATION						
SHOULD ANY OF THE ABOVE	DESCRIBED POLICIES BE CANCE WITH THE POLICY PROVISIONS.	LLED BEFORE THE EXPIRA	TION DATE THEREO	F, NOTICE WILL	BE	
ADDITIONAL INTEREST						
NAME AND ADDRESS		ADDITIONAL INSURED	LENDER'S LOSS PA	LYABLE L	OSS PAYEE	
		LOAN #				
		AUTHORIZED REPRESENT	ATIVE			
		L.	J.Y.			
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