



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/14/2025

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 ATEGRITY SPECIALTY INSURANCE COMPANY 1400 N Pima Road Suite 200 Scottsdale AZ 85260	
FAX (A/C, No): (817) 439-2487	E-MAIL ADDRESS: Contactus@SolidarityInsurance.com			
CODE: AGENCY CUSTOMER ID #: TX000342017		SUB CODE:		
INSURED Winn Ridge HOA Inc 4570 Westgrove Dr Suite 230 Addison TX 75001			LOAN NUMBER	POLICY NUMBER : 01-B-PK-P20157461-0
			EFFECTIVE DATE 11/03/2025	EXPIRATION DATE 11/03/2026
			<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

AMOUNT OF INSURANCE

DEDUCTIBLE

Fencing / AOP / Replacement Cost

\$300,000

\$5,000

Signage & Monument / AOP / Replacement Cost

\$75,00

\$5,000

Pool & Equipment / AOP / Replacement Cost

\$250,000

\$5,000

Playground / AOP / Replacement Cost

\$150,000

\$5,000

Wind / Hail

Included

2% (Min of \$5K)

REMARKS (Including Special Conditions)

Coverage includes the common area per the CC&R. Cancellation requires 10 day written notice.

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