

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 11/19/2025

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.

ISSUING INSURER(S),		ED REPRESENTATIVE O	R PRODUCER	R, AND THE	ADDITIO	NAL IN I	RESI.				
AGENCY PHONE (A/C, No, Ext): (214) 206-8999											
Solidarity Insurance											
4570 Westgrove Dr.					Amtrust- Wesco Insurance Company						
Suite 273					800 Superior Avenue East, 21st Floor						
Addison											
FAX (A/C, No): (817) 439-2487	Cleveland OH 44114										
CODE:											
AGENCY CUSTOMER ID #: TX0006920	17										
INSURED	LOAN NUME	LOAN NUMBER POLICY NUMBER									
The Montclair Prosper HO			WPP1934838 04				04				
4570 Westgrove Dr Suite 2		EFFEC	TIVE DATE	EXPIRATION DATE CONTINUED UNTIL							
				10/25/2025 10/25/2026 TERMINATED IF CHECKED							
Addison TX 75001					THIS REPLACES PRIOR EVIDENCE DATED:						
PROPERTY INFORMATI	ON			•							
LOCATION/DESCRIPTION											
THE DOLLOISO OF INOLIS		ED DELOW HAVE DEEN	LOOUED TO T	IE INIQUIDEE	NAMED	1 DOVE 5	2D THE	DOL 101	V DEDICE INDI	04750	
THE POLICIES OF INSUR NOTWITHSTANDING AN'											
EVIDENCE OF PROPERT											
SUBJECT TO ALL THE TE											
COVERAGE INFORMAT	ion	PERILS INSURED	BASIC	BROAD	X SPE	CIAI					
COVERAGE INFORMAT	ON	COVERAGE / PERILS /		BRUAD	/\  SPE	CIAL		AMOU	NT OF INSURANCE	DEDUCTIBLE	
Fencing, Entries, & Monun	nents / AOP		FORMS					\$354,		\$1,000	
1							\$1,000				
Water Well / AOP / Replacement Cost					\$55,350 \$22,140				1 ' '		
Pond Dock / AOP / Replacement Cost										\$1,000	
Culvet / Rip Rock Rap pad from Pond / AOP / Replacement Cost								\$55,3		\$1,000	
Mailbox Cluster / AOP / Replacement Cost								\$11,0		\$1,000	
Monument Tower								\$88,5	60	\$1,000	
Wind / Hail								Includ	led	5% of TIV	
REMARKS (Including Sp	pecial Cond	ditions)									
Policy requires 10 day writ	ten notice fo	or cancellation.									
CANCELLATION											
	ABOVE DES	SCRIBED POLICIES BE (	CANCELLEDI	BEEODE TL	IE EVDID /	ATION DA	TE TUI	EDEOE	NOTICE WILL	DE	
		TH THE POLICY PROVIS		BEFORE IF	IL LAFINA	ATION DA	(IE IIII	INLOF,	, NOTICE WILL	DE	
<u> </u>											
NAME AND ADDRESS				ADDITIO	NIAL INCLIDE	D	NDEDICT	200 DAY	ADLE I I.	OSS BAVEE	
NAME AND ADDRESS					ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE						
					MORTGAGEE						
				LOAN #							
	AUTHORIZED	UTHORIZED REPRESENTATIVE									
					PM,						
Ī				1	-1~	$ _{1}$ $_{1}$					