



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Citadel Insurance Services, LC 826 E State Rd, Suite 100 American Fork, UT 84003	CONTACT NAME: Carrie Lawson PHONE: 801-610-2734 FAX: 801-610-2701 EMAIL ADDR: clawson@citadelus.com
INSURED Conley Home Inspections, LLC 8189 Willow Tree Way Alpharetta, GA 30005	INSURER(S) AFFORDING COVERAGE INSURER A : Republic-Vanguard Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PAL1256082.1602596-04	7/1/2020	7/1/2021	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000
							MED EXP(ANY ONE PERSON) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG \$1,000,000
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per Person)
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	Y/N					PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/>					OTHER
	(Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
A	PROFESSIONAL (E&O) - CLAIMS MADE			PAL1256082.1602596-04	7/1/2020	7/1/2021	E.L. DISEASE - POLICY LIMIT
							PER CLAIM LIMIT \$300,000
							AGGREGATE \$300,000

DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)

Insured / Inspector(s): Robert Conley, Hunter Allen

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Anthony Eardley

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POST IN A
CONSPICUOUS
PLACE

CITY OF ALPHARETTA, GEORGIA
2 PARK PLAZA
678-297-6086

License
Number
5493

Occupational Tax Certificate Business Registration
THIS LICENSE EXPIRES 12/31/2020

Business Owner: CONLEY HOME INSPECTIONS LLC
DBA: CONLEY HOME INSPECTIONS LLC
Address: 8189 WILLOW TREE WAY
City, State Zip: ALPHARETTA GA 30005

ID: 14195

Phone Number: 770-289-6650

Comments: HOME INSPECTIONS

Classification: HOME BASED

Date Issued: 01/03/2020

CONLEY HOME INSPECTIONS LLC
8189 WILLOW TREE WAY
ALPHARETTA, GA 30005

This License is NOT Transferable and subject to be REVOKED if abused.

AMERICAN SOCIETY OF HOME INSPECTORS

Hereby certifies that

Rob Conley

*has met the high standards of education, experience
and demonstrated knowledge set forth by the
ASHI Certification Committee and is recognized as an*

ASHI CERTIFIED INSPECTOR, ACI

*and is entitled to all the rights, privileges and benefits thereof,
in accordance with provisions of ASHI's Bylaws,
this 16th day of January 2015.*

Gregg L. L. L.

ACC Chair

Howard H. L.

ASHI President



Certificate of Membership

Let It Be Known By This Certificate That

Robert H. Conley

Is Hereby A Member In Good Standing Of The
International Association of Certified Home Inspectors

This certificate also confirms that Robert H. Conley is a Certified Professional Inspector (CPI)® and InterNACHI-Certified Home Inspector, and has successfully completed all membership requirements listed at www.nachi.org/membership

Member Name:

Robert H. Conley

NACHI ID Number:

NACHI16052017

State/Province:

Georgia

Expires:

05/20/19

Nick Gromicko

Nick Gromicko, Founder

5/20/19

Date



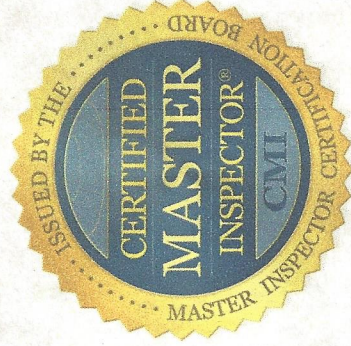
**International Association of
Certified Home Inspectors**

1750 30th Street
Boulder, CO 80301
www.nachi.org

Let It Be Known by This Certificate That

Rob Conley

Is a Certified Master Inspector®

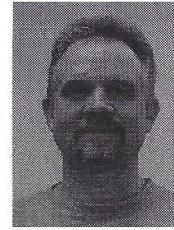


Master Inspector
Certification Board, Inc.
1750 30th Street, Suite 301
Boulder, CO 80301
CertifiedMasterInspector.org

Nick Gromicko
Nick Gromicko, Founder



Residential Building Inspector



Candidate ID: ICC00221556

Name: Robert Conley

Date: 3/6/2015

Address: 8189 Willow Tree Way

Alpharetta

GA 30005

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. Your wallet card will be forwarded to you by ICC within six weeks from the last day of the month in which you tested. This certification is current for three years.

You may request a wall certificate from ICC as well. This certificate will be provided at no cost to you, if you request it within 90 days of your exam. Only one wall certificate per exam passed will be provided to you at no charge. For more information on requesting a wall certificate, go to www.iccsafe.org/inspector.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of your wallet card and/or certificate not being received. There may be an additional fee if a certification is re-issued due to a misspelled name or incorrect address. Please note that name changes may require additional information.

For exams taken in the U.S: Please contact Pearson VUE at 800-275-8301 and ICC at certexam@iccsafe.org.

For international exams: Please go to www.pearsonvue.com/icc/cert/contact/.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate*

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: **278429153**

Validation Number: **71747886**



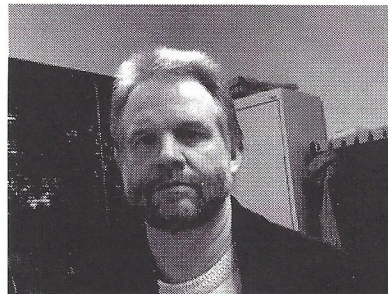
Examination Board of Professional Home Inspectors
Score Report

260063981

Examination Date: 11/26/2013

Examination: National Home Inspector Examination

ROBERT HUGH CONLEY
8189 WILLOW TREE WAY
ALPHARETTA, GEORGIA 30005



The following is an analysis of your examination:

Portion: National Home Inspector Examination

Congratulations! You have passed the Examination Board of Professional Home Inspectors Exam.

Passing Scaled Score: 500

Your Scaled Score: 688

Examination Result: PASS

If you took this examination to qualify for licensing or other regulation in your state, contact the appropriate state authority to grant your license or other document.

If you took this examination to qualify for membership in a professional organization, contact that body for further instructions.



The President and Faculty
of
The Georgia Institute of Technology

To all to whom these presents may come, Greeting: Whereas
Robert Hugh Conley
has completed all the requirements for Graduation, now, therefore, We, under
the authority vested in us, do hereby confer upon him the degree of

Bachelor of Science in Building Construction

with all the rights, privileges and honors, thereunto appertaining.
In witness whereof, the signatures of the Chancellor of the University System,
the President and the Registrar of The Georgia Institute of Technology are
hereto subscribed, and the seal of the Institute is affixed.
Given at Atlanta on the fourteenth day of June, in the year of our Lord,
nineteen hundred and eighty-six.

H. Allen Cooper
CHANCELLOR



James H. McCallister
PRESIDENT

Frank E. Cooper
REGISTRAR



STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed

Secretary of State

Filing Date: 4/4/2020 7:58:49 PM

BUSINESS INFORMATION

CONTROL NUMBER	14041434
BUSINESS NAME	Conley Home Inspections, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	04/04/2020
ANNUAL REGISTRATION PERIOD	2020

PRINCIPAL OFFICE ADDRESS

ADDRESS	8189 Willow Tree Way, Alpharetta, GA, 30005, USA
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REGISTERED AGENT

NAME	ADDRESS	COUNTY
Robert Hugh Conley, Jr.	8189 Willow Tree Way, Alpharetta, GA, 3005, USA	Fulton

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Robert Hugh Conley, Jr.
AUTHORIZER TITLE	Organizer