



# 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).

<b>PRODUCER</b> Citadel Insurance Services, LC 826 E State Rd, Suite 100 American Fork, UT 84003	<b>CONTACT NAME:</b> Carrie Lawson														
	<b>PHONE:</b> 801-610-2734	<b>FAX:</b> 801-610-2701													
	<b>EMAIL ADDR:</b> clawson@citadelus.com														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC</th> </tr> <tr> <td>INSURER A : Republic-Vanguard Insurance Company</td> <td>40479</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC	INSURER A : Republic-Vanguard Insurance Company	40479	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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**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:							
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person)	
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE	
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
	<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b> Y/N						PER STATUTE    OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	PROFESSIONAL (E&O) - CLAIMS MADE			PAL1256082.1602596-04	7/1/2020	7/1/2021	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.



*Scott Swann ACI*

ACC Chair

*Howard H. ...*

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](http://www.nachi.org/membership)

**Member Name:** Robert H. Conley  
**NACHI ID Number:** NACHI16052017  
**State/Province:** Georgia  
**Expires:** 05/20/19

*Nick Gromicko* \_\_\_\_\_ Date  
Nick Gromicko, Founder

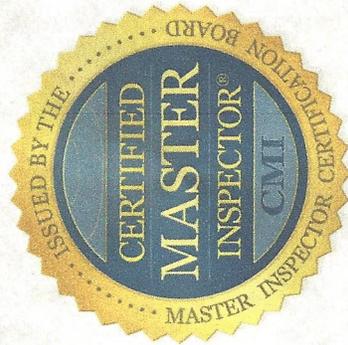


**International Association of  
Certified Home Inspectors**  
1750 30th Street  
Boulder, CO 80301  
[www.nachi.org](http://www.nachi.org)

Let It Be Known by This Certificate That

*Rob Conley*

Is a Certified Master Inspector<sup>®</sup>



Master Inspector  
Certification Board, Inc.  
1750 30th Street, Suite 301  
Boulder, CO 80301  
[CertifiedMasterInspector.org](http://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](http://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](mailto:certexam@iccsafe.org).

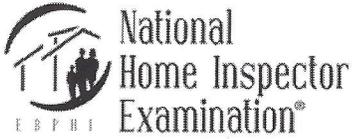
**For international exams:** Please go to [www.pearsonvue.com/icc/cert/contact/](http://www.pearsonvue.com/icc/cert/contact/).

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

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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 Comley  
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



J. M. Little  
PRESIDENT

Frank E. Lopez  
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

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

### PRINCIPAL OFFICE ADDRESS

<b>ADDRESS</b>	8189 Willow Tree Way, Alpharetta, GA, 30005, USA
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### REGISTERED AGENT

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

### AUTHORIZER INFORMATION

<b>AUTHORIZER SIGNATURE</b>	Robert Hugh Conley, Jr.
<b>AUTHORIZER TITLE</b>	Organizer