

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2023

CER THIS OR P	CER CER ROD	ATE I TIFIC UCEF	DOES N ATE OF R, AND 1	OT A INSI THE (URA CER	RMATI NCE D TIFICA	VEL OES	Y OR I 3 NOT 10LDE	NEGA CONS R.	NFORMATION ONLY FIVELY AMEND, EXTI TITUTE A CONTRAC	END T B	O OR ALTER ETWEEN THE	THE COVERA E ISSUING IN	AGE AFFORDED BY SURER(S), AUTHOR	THE POI	LICIES BELOW. PRESENTATIVE
ende	orse	d. If	SUBR	OGA	TIO	NIS	NAI	VED,	subje	ONAL INSURED, the oct to the terms an confer rights to the o	d c	onditions o	of the policy	v, certain policies		
PROD	JCER										CONTACT NAME: Carrie Lawson					
Citad	el Ins	uranc	e Servic	es, L	С						РНС	ONE:801-610-2734		FAX:		
2600	W E	kecuti	ve Pkwy	, Ste	500						EMA	AIL ADDR: clawso	n@inspectorprote	ect.com		
Lehi,	UT 8	4043										INS	SURER(S) AFFOR	DING COVERAGE		NAIC
												URER A : Republic	c-Vanguard Insura	nce Company		40479
INSUR	ED										INSU	URER B : AmTrus	t Insurance Comp	any		15954
Conle	Conley Home Inspections, LLC										INSURER C :					
												URER D :				
			e Way									URERE:				
Alpha COV		, GA 3	30005		CDT	IFICA					INSU	URER F :				
-	THIS NDIC	IS TO ATED. IFICAT	NOTWI E MAY E	THA THST BE IS	t th Andi Sued	e poli Ing an D or M	CIES IY RE 1AY I	OF INSEQUIRE	SURAN MENT, N, THE	CE LISTED BELOW HAV TERM OR CONDITION E INSURANCE AFFORDE MITS SHOWN MAY HAVE	OF ED E	ANY CONTRAC	CT OR OTHER	DOCUMENT WITH RE D HEREIN IS SUBJEC	OR THE POI	WHICH THIS
INSR LTR		Т	YPE OF I	NSUF	RANC	Έ		ADDL SUBR INSR WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			
A	X	COMN	IERCIAL G	ENER	AL LIA	BILITY		intert		PAL1256082.1602596-	07	7/1/2023	7/1/2024	EACH OCCURRENCE		\$1,000,000
		x	CLAIMS-M	ADE		OCCL	IR							DAMAGE TO RENTED PREMISES (EA OCCURRENCE)		\$100,000
														MED EXP(ANY ONE PERSON)		\$5,000
														PERSONAL & ADV INJURY		\$1,000,000
	GEN'	EN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE		\$2,000,000			
	Χ	POLIC	Y	PRO	JECT	l	.OC							PRODUCTS-COMP/OP A	GG	\$2,000,000
													COMBINED SINGLE LIMI	г		
											(Ea accident) BODILY INJURY (Per Pers	son)				
														BODILY INJURY (Per acci	dent)	
		AUTOS AUTOS HIRED AUTOS NON-OWNED AUTOS								PROPERTY DAMAGE (Pe						
		UMBRELLA									EACH OCCURRENCE					
		LIAB									AGGREGATE					
		EXCESS LIAB CLAIMS-MADE DED RETENTION \$		· L							AGGILGATE					
В	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY Y/N KSS132530 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N				KSS1325301			8/17/2023	7/1/2024	× PER STATUTE	OTHER					
								E.L. EACH ACCIDENT	OVEE	\$1,000,000						
	(Mandatory in NH) If yes, describe under								E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT		\$1,000,000 \$1,000,000					
•	DESCRIPTION OF OPERATIONS below					07	7/4/00000	7/4/0004	PER CLAIM LIMIT							
A PROFESSIONAL (E&O) – CLAIMS MADE PAL1256082.1602596-										PAL1256082.1602596-	07	7/1/2023	7/1/2024	AGGREGATE		\$300,000
										 D 101, Additional Remarks S Tyler Conley, Corey				AGGREGATE		\$300,000
CERTIFICATE HOLDER											CANCELLATION					
TPG HOMES, LLC 11340 Lakefield Drive Suite 250											SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Johns creek, 30097											AUTHORIZED REPRESENTATIVE					
								Anthony Eardley								
									© 1988-2015 ACORD CORPORATION. All rights reserved.							

The ACORD name and logo are registered marks of ACORD

POST IN A CONSPICUOUS PLACE

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

License Number 5493

ROUND, CONTAINS A VOID PANTOGRAPH AND A MICROPRINT BORDE

Occupational Tax Certificate Business Registration THIS LICENSE EXPIRES 12/31/2024

Business Owner:CONLEY HOME INSPECTIONS LLCDBA:CONLEY HOME INSPECTIONS LLCAddress:8189 WILLOW TREE WAYCity, State Zip:ALPHARETTA GA 30005

ID: 14195

Phone Number: 770-289-6650

Comments: HOME INSPECTIONS

Classification: HOME BASED

Date Issued: 12/29/2023

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

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

ORM LLIC



AMERICAN SOCIETY OF HOME INSPECTORS

www.ASHI.org | www.HomeInspector.org | www.ASHIReporter.org

September 29, 2023

Kellen Peak Conley Home Inspections 515 old magnolia trail Canton GA 30115 UNITED STATES **E-mail address :** <u>Kpeak17@gmail.com</u> **Record type :** Certified Inspector **Phone number :** 770-289-6650 **Member number :** 264554

Dear Kellen,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are an ASHI Certified Inspector in good standing since 01/11/2018 and your membership number is 264554. Your ASHI membership is valid through 09/30/2024.

Please contact me if any further information is required. Thank you for your membership in ASHI!

Regards,

Sucarfane

Susan Lane Membership Director 932 Lee Street Suite 101 Des Plaines IL 60016 Tel. 847-954-3185 Fax 847-759-1620 susanl@ashi.org

MERICAN SOCIETY OF HOME INSPECTORS ASHI CERTIFIED INSPECTOR ASHI Certification Committee MERICAN SOCIETY OF HOME INSPECTORS IHS * 12 ASHI CERTIFIED INSPECTOR, ACI AMERICAN SOCIETY OF and is entitled to all the rights, privileges and benefits thereof, HOME INSPECTORS ASHI Certification Committee and is recognized as an has met the high standards of education, experience in accordance with provisions of ASHI's Bylaws, and demonstrated knowledge set forth by the Bur L. R. President **Tvler** Conley Hereby certifies that this 14th day of June 2022 Bar ACC Chair

MEMBER NUMBER: 269299 EXP: 4/30/2023

Tyler Conley, ACI



AMERICAN SOCIETY OF HOME INSPECTORS

www.ASHI.org | www.HomeInspector.org | www.ASHIReporter.org

April 26, 2023

Tyler R Conley 714 Dogwood Lake Trail Alpharetta GA 30004 UNITED STATES **E-mail address :** <u>Tylerrobertconley@gmail.com</u> **Record type :** Certified Inspector **Phone number :** 321-266-9391 **Member number :** 269299

Dear Tyler,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are an ASHI Certified Inspector in good standing since 04/27/2022 and your membership number is 269299. Your ASHI membership is valid through 05/01/2024.

Please contact me if any further information is required. Thank you for your membership in ASHI!

Regards,

Sucarfane

Susan Lane Membership Director 932 Lee Street Suite 101 Des Plaines IL 60016 Tel. 847-954-3185 Fax 847-759-1620 susanl@ashi.org



ASHI CERTIFIED INSPECTOR



Kellen Peak, ACI



and is entitled to all the rights, privileges, and benefits thereof, in accordance with ASHI's bylaws on: Certification Committee and is henceforth recognized as an ASHI CERTIFIED INSPECTOR (ACI)^m, high standards of education, experience, and has demonstrated knowledge set forth by the ASHI The AMERICAN SOCIETY OF HOME INSPECTORS hereby certifies that the above has met the

SEPTEMBER 30, 2023

This credential is valid for one year after issuance.



PETER FAGAN, ACI



This certification was originally earned/issued on March 25, 2019



Jian Olayayin Arine

LISA ALAJAJIAN GIROUX ASHI PRESIDENT



AMERICAN SOCIETY OF HOME INSPECTORS

ACC CHAIRPERSON







AMERICAN SOCIETY OF HOME INSPECTORS

www.ASHI.org | www.HomeInspector.org | www.ASHIReporter.org

October 2, 2023

Rob Conley Conley Home Inspections, LLC 8189 Willow Tree Way Alpharetta GA 30005 E-mail address: robconley@comcast.net Record type: Certified Inspector Phone number: 770-289-6650 Member number: 257097

Dear Rob,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are currently an ASHI Certified Inspector and your membership number is **257097**. You have been a member since 2014.

You have met the following requirements:

- Passed the National Home Inspector Examination
- Completed the ASHI Standards of Practice and Code of Ethics Exam
- Had Inspection Reports successfully verified for compliance with ASHI Standards
- Submitted valid proof of performance for at least 250 home inspections
- ASHI Certified Inspectors are the only true 3rd party certified Inspectors in the industry that are accredited by the National Commission for Certifying Agencies (NCCA)

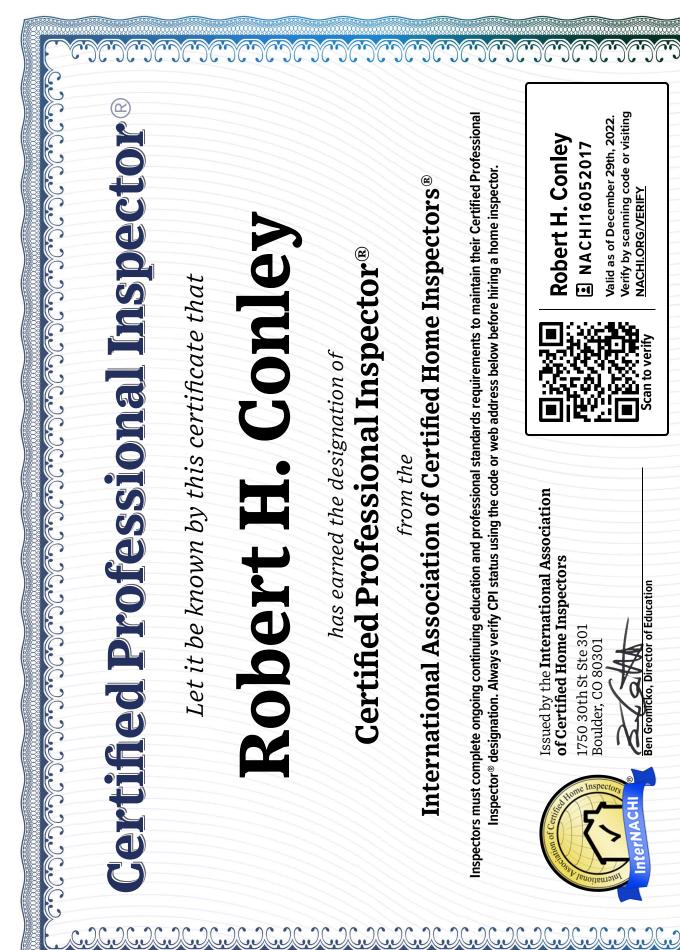
Your ASHI membership is currently valid through 9/30/2024.

Please contact me if any further information is required. Thank you for your continued membership in ASHI!

Sincerely,

SucarTane

Susan Lane Membership Director 932 Lee Street Suite 101 Des Plaines IL 60016 Tel. 847-954-3185 Fax 847-759-1620 susanl@ashi.org



NACHI.ORG/VERIFY

Scan to verify

3en Gromicko, Director of Education

WAR





INTERNATIONAL CODE COUNCIL ROBERT CONLEY

demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as: The International Code Council attests that the individual named on this certificate has satisfactorily

Residential Building Inspector

Given this day March 6, 2015

Cindy Haus

Cindy Davis, CBO President, Board of Directors

and was

Dominic Sims, CBO Chief Executive Officer





Expires October 20, 2024



Residential Building Inspector



Candidate ID: ICC00221556

Name:

Robert Conley

Date:

3/6/2015

Address:

8189 Willow Tree Way

Alpharetta

30005

EXAMINATION RESULT: PASS

GA

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.



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.

National Home Inspector Examination developed by EBPHI administered by PSI.

Let It Be Known by This Certificate That

Rob Conley

Is a Certified Master Inspector®

Nich rowide

Nick Gromicko, Founder

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

OVED

CERTIFIED

INSPECTOR

MASTER

BD BY THE

The President and Naculty

The Genuin Institute of Technology

To all to whom these presents may come. Greeting: Whereas

Anthert Hugh Concley

has completed all the requirements for Graduation, noto, therefore, We, under the authority bested in us. do hereby confer upon him the degree of

Tuchelor of Science in Quilding Construction

with all the rights, privileges and honors, thereunto appertaining. In mitness inhereof, 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 Iune. in the year of our Lord. nineteen hundred and eighty-six.



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: 1/6/2024 2:17:44 PM

BUSINESS INFORMATION										
CONTROL NUMBER	14041434									
BUSINESS NAME	Conley Home Inspections, LLC									
BUSINESS TYPE	Domestic Limited Liability Company									
EFFECTIVE DATE	01/06/2024									
ANNUAL REGISTRATION PERIOD	RIOD 2024, 2025, 2026									
PRINCIPAL OFFICE ADDRESS										
ADDRESS 8189	ADDRESS 8189 Willow Tree Way, Alpharetta, GA, 30005, USA									
REGISTERED AGENT	REGISTERED AGENT									
NAME ADD	RESS COUNTY									
Robert Hugh Conley, Jr. 8189	Willow Tree Way, Alpharetta, GA, 3005, USA Fulton									
AUTHORIZER INFORMATION										
AUTHORIZER SIGNATURE Robert Conley AUTHORIZER TITLE Organizer										

ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/12/2024

IMPORTANT: If the conflicate holder is an ADDITONAL INSURED; the policy registions or be endorsement. A statement on the certificate does not conferring to the policy. Configure an endorsement. A statement on the certificate does not conferring to the policy. Certificate holder in file of such endorsement(s). Important: If the certificate does not conferring to the certificate holder in file of such endorsement(s). Important is the hold the policy. Certificate holder in file of such endorsement(s). Important: If the certificate holder in file of such endorsement(s). Important is the hold hold in the policy. Certificate holder in file of such endorsement(s). Important: If the certificate holder in file of such endorsement(s). Important is the hold hold in the policy. Certificate holder in file of such endorsement(s). Important: If the certificate holder in file of such endorsement(s). Important is the certificate holder in file of such endorsement(s). Important: If the certificate holder in file of such endorsement(s). Important is the certificate holder in file of such endorsement(s). Important: If the certificate holder in file of such endorsement(s). Important is the certificate holder in many endorsement(s). Important: If the certificate holder in file of such endorsement(s). Important is the certificate holder in many endorsement(s). Important: If the certificate holder in the certificate holder in the information endorsement(s). Important endorsement(s). Important: If the certificate holder in many endorsement(s). Importante endorsement(s). <th colspan="9">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.</th>	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.											
PRODUCES SLATE CAT Lastia Hammett Agenory State Farm 3155 North Powr Ruw, Sbe E130 Aphanetta, GA 30005-5481 Ruures Confey, Robert State Villow The Way Aphanetta, GA 30005-5481 Ruures Confey, Robert State Villow The Way Confey, Robert State Villow The Way Confey, Robert State Villow The Way Ruures are comparing to a 2017 Ruures comparing to a	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											
State Farm Sites Farm 3155 North Point Plany, Sis E130 Aphreneta, GA 30005-5461 TAD. Rev: 404-418-7008 INUMER State Farm 3155 North Point Plany, Sis E130 Aphreneta, GA 30005-5461 Material Plank, Loc. 770-732-31135 TAD. Rev: 404-418-7008 INUMER Confey, Robert Material, GA 30005-5461 Insurema as a state Farm Material Automation Insurance Company Material 2017 INUMER Confey, Robert Material, GA 30005-5461 Insurema as a state Farm Material Automation Insurance Company Material 2017 COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: Insurema as a state Farm Material Automation Insurance Company Insurema as a state Farm Material Automation In												
State Fam State State State Fam State Fam State Fam State		sto Farma	ammett Agency							404-418-7008		
3155 NOTE Point Poi			• •			E-MAIL	loobo@b			404-410-7000		
Alpharetta, GA 30005-5481 28178 NBURED 28178 NBURED 28178 Conley, Robot 3 BURER C 2 Conley, Robot 3 BURER C Conley, Robot BURER C Conley, Robot BURER C Conley, Robot Descent P REVISION NUMBER: COVERACES CENTIFY TAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN RESULT TO THE INSURED MARED ABOVE FOR THE POLICY PENDO DURATED, MARKER MAY REQUIREMENT TERM OR CONTRACT GE OF INSURED AREAD ABOVE FOR THE POLICY PENDO DURATED, MARKER MAY REQUIREMENT TERM OR CONTRACT GE OF INSURED AREAD ABOVE FOR THE POLICING PENDE SUBJECT TO THE INSURED MARED ABOVE FOR THE POLICY PENDO DURATED, MARKER MAY REQUIREMENT TERM OR CONTRACT GE OF INSURED AREAD ABOVE FOR THE POLICY PENDO DURATED, MARKER MAY REQUIREMENT TERM OR CONTRACT GE OF INSURED AREAD ABOVE FOR THE POLICY PENDO DURATED, MARKER MARED ABOVE FOR THE POLICY PENDO DURATED, MARED ABOVE FOR THE ABOVE FOR THE POLICY PENDO DURATED ABOVE FOR THE ABOVE FOR	(E13	0	ADDRE	<u>.</u>					
INSURED INSURED INSURE :: Source :: Source :: Source :: Source :: INSURE :: COVERAGES CENTIFICATE NUMBER: REVISION NUMBER:: COVERAGES CENTIFICATE NUMBER: REVISION NUMBER:: REVISION NUMBER:: REVISION NUMBER:: COVERAGES CENTIFICATE NUMBER: REVISION NUMBER:: REVISION NUMBER:: REVISION NUMBER:: REVISION NUMBER:: CENTIFICATE NUMBER: REVISION NUME:: COVERAGE SOURCE NOT POLICES OF NOT COLSPECT ON VIEW IT FERMING: CENTIFICATE NUMBER: REVISION NUME:: CENTIFICATE NUMBER:: REVISION NUME:: CENTIFICATE NUMBER:: REVISION NUME:: CENTIFICATE NUMBER:: REVISION NUME:: CENTIFICATE NUMBER:: CENTIFICATE NUME:: CENTIFICATE NUMBER::			-		0							
Conley, Robert S183 Willow The Way Alphanetts, CA 3000-1164			a, GA 30005-5461									
B189 Willow Tree Way Aphanuta, CA 30005-1164 Insurer #: COVERAGES CERTIFICATE NUMBER: Revision NUMBER *: CERTIFICATE NUMBER: Revision NUMBER *: COVERAGES CERTIFICATE NUMBER: Revision NUMBER *: CERTIFICATE NUMBER: Revision NUMBER *: Revision NUMBER *: Revision NUMBER *: CERTIFICATE NUMBER: Revision NUMBER *:	INSU											
Alphareta, GA 30005-4164						INSURER C :						
COVERAGES CERTIFICATE NUMBER: NUMBER: REVISION NUMBER:						INSURE	RD:					
COVERAGES CENTRECATE NUMBER: International products International products <thi< td=""><td></td><td>Alpharetta, GA</td><td>4 30005-4164</td><td></td><td></td><td>INSURE</td><td>RE:</td><td></td><td></td><td></td></thi<>		Alpharetta, GA	4 30005-4164			INSURE	RE:					
THIS IS TO CERTIFY THAT THE FOLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE AROUND ANY RETAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS ANY CONTRACTINA DESCRIPTION OF SUCH FOLICIES. LIMITS SHARE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH FOLICIES. LIMITS SHARE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH FOLICIES. LIMITS SHARE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION OF SUCH FOLICIES. LIMITS SHARE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION OF SUCH FOLICIES. LIMITS SHARE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION OF SUCH FOLICIES. LIMITS SHARE AFFORDED BY THE POLICIES DESCRIBED FOR THE POLICIES. LIMITS SHARE AFFORDED BY THE POLICIES DESCRIBED FOR THE POLICIES DESCRIBED FOLICIES DESCRIBED POLICIES DE CANCELLED BEFORE THE EXCLUSION AND FOR THE POLICY RETAINTS CONTROL DE LIMIT S AND AND FOR THE POLICY RETAINTS CONTROL DE LIMITS SHARE SCHOLD, MAY OF THE ABOVE DESCRIBED POLICIES DE CONCELLED BEFORE THE POLICY RETAINTS CONTROL DE LIMITS SCHOLD AND THE POLICY RETAINTS CONTROL DE LIMITS SCHOLD AND THE POLICY RETAINTS CONTROL S AND AND THE POLICY RETAINTS CONTROL DE LIMITS SCHOLD AND THE POLICY RETAINTS CONTROL S AND AND THE POLICY RETAINTS CONTROL DE LIMITS SCHOLD AND THE POLICY RETAINTS CONTROL S AND AND THE POLICY RETAINTS CONTROL DE LIMITS SCHOLD AND THE POLICY RETAINTS CONTROL S AND AND THE POLIC						INSURER F :						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OF AUX. THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADICLAMS. Image:												
Link Type of INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE COMMERCIA GENERAL LABILITY GRANGE OF CHARLEN LABILITY GRANGE OF CHARLEN LABILITY GRANGE OF CHARLEN LABILITY AN ATO GRANGE ON PERSON AN TO COMMERCIA SUM NUMBER AN ATO COMMERCIA SUM NUMBER COMMERCIA SUM NUMBER AN ATO COMMERCIA SUM NUMBER (PERSONAL A ADV NUMBER) AN ATO COMMERCIA SUM NUMBER (PERSONAL A ADV NUMBER) AN ATO COMMERCIA SUM NUMBER (PERSONAL A ADV NUMBER) AN ATO COMMERCIA SUM NUMBER (PERSONAL A ADV NUMBER) AN ATO COMMERCIA SUM NUMBER (PERSONAL ADV NUMBER) AN ATO COMMERCIA SUM NUMBER (PERSONAL ADV NUMBER) ANTOS ONLY ANT	IN C	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,										
CONVERCIAL GENERAL LABULTY CLAMS-AADE CCCUR CLAMS-AADE CCCU			ANCE AD	D SU D WV	B POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
CANIG-MADE OCCUR CANIG-MADE OCCUR CANIG-MADE OCCUR OCUR									EACH OCCURRENCE	\$		
Image: Line in the intervence of th		CLAIMS-MADE	OCCUR						DAMAGE TO RENTED	S		
BOILT ADDRESS ADD INJURY \$ BOILT ADDRESS ADD INJURY \$ BOILT ADDRESS A												
GENT_AGGREGATE LIMIT APPLIES PER:												
POLICY PECT LOC OTHER: POLICY PECT LOC POLICY PECT LOC POLICY PECT LOC OTHER: POLICY PECT LOC OTHER: POLICY PECT LOC OTHER: POLICY PECT LOC OTHER: POLICY PECT LOC POLICY PECT												
Other Deter Deter Determine Determine Determine Determine Determine Determine Determine Determine Status Determine Status Status Determine Status Status </td <td></td> <td>PRO-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		PRO-										
AUTOMOBILE LIABLITY COMBINED SINCLE LIMIT s ANY AUTO ANY AUTO SCHEDULED SCHEDULED ANY AUTO SCHEDULED SCHEDULED SCHEDULED AUTOS ONLY SCHEDULED SCHEDULED SCHEDULED AUTOS ONLY SCHEDULED SCHEDULED SCHEDULED AUTOS ONLY SCHEDULED SCHEDULED SCHEDULED AUTOR ONLY SCHEDULED SCHEDULED SCHEDULED MORERS COMPENSATION SCHEDULED SCHEDULED SCHEDULED WORKERS COMPENSATION \$ VIN N/A SCHEDULED SCHEDULED WORKERS COMPENSATION \$ SCHEDULED N/A SCHEDULED SCHEDULED WORKERS COMPENSATION SCHEDULED N/A SCHEDULED SCHEDULED WORKERS COMPENSATION SCHEDULES SCHEDULED SCHEDULES SCHEDULES WORKERS COMPENSATION SCHEDULES SCHEDULES SCHEDULES										-		
A ANY AUTO OWNED OWNED AUTOS ONLY SCHEDULED AUTOS ONLY N N N N N N N D49 1836-B13-11 C50 4767-A12-11A 02/13/2024 06/13/2024 07/12/2024 06/13/2024 07/12/2024 06/13/2024 PC/13/2024 06/13/2024 PC/13/202				+								
A OWNED HIRED NON-OWNED HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED NON-OWNED AUTOS ONLY HIRED NON-OWNED NO												
HIRED SILT NORCEWNED AUTOS ONLY C50 4767-A12-11A 01/12/2024 07/12/2024 PROPERTY DATAGE 5 WUMBRELLA LLB OCCUR S S S S S DED RETENTION \$ CAMS-MADE S AGGREGATE S S WORKERS COMPENSATION AND REPORT PROVINCE UNIVE VIN N/A S S S S DED RETENTION \$ N/A S S S S S WORKERS COMPENSATION AND REPORT PROVEMENT REPREVENTIVE VIN N/A S	Δ			N			02/13/2024	08/13/2024		џ ,		
CONSIGNATION ACTION AND E UMBRELLA LIAB OCCUR EXCESS LIAB CLAMISMADE EXCESS LIAB CLAMISMADE ACTION IS ACCHORCUMENTION IS AND EMPRETATION IS S AND PROPRETER/PARTINER/EXECUTIVE Y/N AND EMPRETER/PARTINER/EXECUTIVE Y/N AND EMPRETER/PARTINE/EXECUTIVE Y/N AND EXECUTIVE/YN AND		HIRED	NON-OWNED				01/12/2024	07/12/2024		÷ .		
UMBRELLA LIAB OCCUR S EXCESS LIAB CLAIMS-MADE AGGREGATE S DED DED RETENTION S S WORKERS COMPENSATION AND EMPLOYERS LIABILITY AN PROPRETORPARTNERVERCUTIVE Y/N STATUTE N/A PER STATUTE S OFFICERMEMBER RXCLUDED? (Mindatory in MM) (Mys. describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEMICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) E.L. EACH ACCIDENT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEMICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EL DISEASE - POLICY LIMIT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEMICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2014 Ford Expedition policy: Principal Operator Robert Conley EACH OCCUR THE RECOVER WITH THE POLICY PROVISIONS. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature		AUTOS ONLY	AUTOS ONLY						(Per accident)	•		
EXCESS LIAB CLAINS-MADE CLAINS-MADE DED RETENTION \$ Addressed of the compensation				+								
DED RETENTION \$ S WORKERS COMPENSATION AND EMPLOYERS' LUBLITY AND PROPENDER'S COMPENSATION AND PROPENSE TO PARTINER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? N/A PER S MAND ROPRIET CORPARTINER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? N/A EL. EACH ACCIDENT S Image: Statute of the statut of the statute of the statute of the statute of the statute of t												
WORKERS COMPENSATION AND EMPLOYERS LUBBITY ANY PROPRIETOR/PARTNER/PERCUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DÉSCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Image: Complete Com									AGGREGATE			
AND EMPLOYERS LABILITY Y/N IstATUTE			1\$	_					PER OTH-			
Certificate Holder N/A Image: Second and Activity and Second and Second and Second		AND EMPLOYERS' LIABILITY							STATUTE ER	\$		
Mandatory in NH) ELL DISEASE - EA EMPLOYEE S If yes, is sorble under ELL DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below ELL DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Image: Comparison of the space is required) 2014 Ford Expedition policy: Principal Operator Robert Conley 2012 Ford F150 policy: Principal Operator Robert Conley 2012 Ford F150 policy: Principal Operator Tyler R Conley; Assigned Driver Robert Conley EANCELLATION CERTIFICATE HOLDER CANCELLATION Kernel				A					E.L. EACH ACCIDENT	\$		
DESCRIPTION OF OPERATIONS below Image: CLU DISEASE - POLICY LIMIT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Image: CLU DISEASE - POLICY LIMIT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Image: CLU DISEASE - POLICY LIMIT S 2014 Ford Expedition policy: Principal Operator Robert Conley 2012 Ford F150 policy: Principal Operator Tyler R Conley; Assigned Driver Robert Conley Image: CLU DISEASE - POLICY LIMIT S 2012 Ford F150 policy: Principal Operator Tyler R Conley; Assigned Driver Robert Conley Image: CLU DISEASE - POLICY LIMIT S CERTIFICATE HOLDER CANCELLATION Image: CLU DISEASE - POLICY LIMIT S Image: CLU DISEASE - POLICY LIMIT S CERTIFICATE HOLDER CANCELLATION Image: CLU DISEASE - POLICY LIMIT Image: CLU DISEASE - POLICY LIMIT <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td>									E.L. DISEASE - EA EMPLOYEE	\$		
2014 Ford Expedition policy: Principal Operator Robert Conley 2012 Ford F150 policy: Principal Operator Tyler R Conley; Assigned Driver Robert Conley CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature			NS below	_					E.L. DISEASE - POLICY LIMIT	\$		
2014 Ford Expedition policy: Principal Operator Robert Conley 2012 Ford F150 policy: Principal Operator Tyler R Conley; Assigned Driver Robert Conley CERTIFICATE HOLDER CANCELLATION Kernificate Holder 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 Completed by an authorized State Farm representative. If signature												
2014 Ford Expedition policy: Principal Operator Robert Conley 2012 Ford F150 policy: Principal Operator Tyler R Conley; Assigned Driver Robert Conley CERTIFICATE HOLDER CANCELLATION Kernificate Holder 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 Completed by an authorized State Farm representative. If signature												
2014 Ford Expedition policy: Principal Operator Robert Conley 2012 Ford F150 policy: Principal Operator Tyler R Conley; Assigned Driver Robert Conley CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature	L											
2012 Ford F150 policy: Principal Operator Tyler R Conley; Assigned Driver Robert Conley CERTIFICATE HOLDER 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. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	DES	CRIPTION OF OPERATIONS / LC	DCATIONS / VEHICLES	(ACO	RD 101, Additional Remarks Sched	ule, may b	e attached if mo	re space is requir	red)			
CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature	201	14 Ford Expedition policy:	Principal Operato	r R	obert Conley							
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 Completed by an authorized State Farm representative. If signature	201	12 Ford F150 policy: Princ	cipal Operator T	/ler R	Conley; Assigned Driver	Robert	Conley					
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 Completed by an authorized State Farm representative. If signature												
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 Completed by an authorized State Farm representative. If signature												
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 Completed by an authorized State Farm representative. If signature												
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 Completed by an authorized State Farm representative. If signature												
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature	CERTIFICATE HOLDER CANCELLATION											
Completed by an authorized State Farm representative. If signature						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
						AUTHORIZED REPRESENTATIVE						

© 1988-2015 ACORD CORPORATION. All rights reserved.