



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/2/2023

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                       | CONTACT NAME: Carrie Lawson                     |       |
| Citadel Insurance Services, LC | PHONE: 801-610-2734                             | FAX:  |
| 2600 W Executive Pkwy, Ste 500 | EMAIL ADDR: clawson@inspectorprotect.com        |       |
| Lehi, UT 84043                 | INSURER(S) AFFORDING COVERAGE                   | NAIC  |
|                                | INSURER A : Republic-Vanguard Insurance Company | 40479 |
|                                | INSURER B : AmTrust Insurance Company           | 15954 |
|                                | INSURER C :                                     |       |
|                                | INSURER D :                                     |       |
|                                | INSURER E :                                     |       |
|                                | INSURER F :                                     |       |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE |   | ADDL INSR | SUBR WVD | POLICY NUMBER         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |             |
|----------|-------------------|---|-----------|----------|-----------------------|-------------------------|-------------------------|---|-------------|
| A        | X                 | COMMERCIAL GENERAL LIABILITY  |           |          | PAL1256082.1602596-07 | 7/1/2023                | 7/1/2024                | EACH OCCURRENCE                           | \$1,000,000 |
|          |                   | X CLAIMS-MADE   |           |          |                       |                         |                         | DAMAGE TO RENTED PREMISES (EA OCCURRENCE) | \$100,000   |
|          |                   |   |           |          |                       |                         |                         | MED EXP(ANY ONE PERSON)                   | \$5,000     |
|          |                   |   |           |          |                       |                         |                         | PERSONAL & ADV INJURY                     | \$1,000,000 |
|          |                   |   |           |          |                       |                         |                         | GENERAL AGGREGATE                         | \$2,000,000 |
|          |                   |   |           |          |                       |                         |                         | PRODUCTS-COMP/OP AGG                      | \$2,000,000 |
|          |                   | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |          |                       |                         |                         |   |             |
|          | X                 | POLICY  |           |          |                       |                         |                         |   |             |
|          |                   | PROJECT   |           |          |                       |                         |                         |   |             |
|          |                   | LOC   |           |          |                       |                         |                         |   |             |
|          |                   | OTHER:  |           |          |                       |                         |                         |   |             |
|          |                   | AUTOMOBILE LIABILITY  |           |          |                       |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       |             |
|          |                   | ANY AUTO  |           |          |                       |                         |                         | BODILY INJURY (Per Person)                |             |
|          |                   | ALL OWNED AUTOS   |           |          |                       |                         |                         | BODILY INJURY (Per accident)              |             |
|          |                   | HIRED AUTOS   |           |          |                       |                         |                         | PROPERTY DAMAGE (Per accident)            |             |
|          |                   |   |           |          |                       |                         |                         |   |             |
|          |                   | UMBRELLA LIAB   |           |          |                       |                         |                         | EACH OCCURRENCE                           |             |
|          |                   | EXCESS LIAB   |           |          |                       |                         |                         | AGGREGATE                                 |             |
|          |                   | DED   |           |          |                       |                         |                         |   |             |
|          |                   | RETENTION \$  |           |          |                       |                         |                         |   |             |
| B        |                   | WORKERS COMPENSATION AND EMPLOYER'S LIABILITY                               |           |          | KSS1325301            | 8/17/2023               | 7/1/2024                | x PER STATUTE                             |             |
|          |                   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N       |          |                       |                         |                         |   |             |
|          |                   | If yes, describe under DESCRIPTION OF OPERATIONS below                      | N         |          |                       |                         |                         |   |             |
|          |                   |   |           |          |                       |                         |                         | E.L. EACH ACCIDENT                        | \$1,000,000 |
|          |                   |   |           |          |                       |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$1,000,000 |
|          |                   |   |           |          |                       |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$1,000,000 |
| A        |                   | PROFESSIONAL (E&O) - CLAIMS MADE  |           |          | PAL1256082.1602596-07 | 7/1/2023                | 7/1/2024                | 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, Tyler Conley, Corey Guhl, Kellen Peak

|                    |  |
|--------------------|--|
| 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<br>Anthony Eardley   |

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 12/31/2024**

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: 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.**



## AMERICAN SOCIETY OF HOME INSPECTORS

[www.ASHI.org](http://www.ASHI.org) | [www.HomeInspector.org](http://www.HomeInspector.org) | [www.ASHIReporter.org](http://www.ASHIReporter.org)

September 29, 2023

Kellen Peak  
Conley Home Inspections  
515 old magnolia trail  
Canton GA 30115  
UNITED STATES  
**E-mail address :** [Kpeak17@gmail.com](mailto:Kpeak17@gmail.com)  
**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,

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

# AMERICAN SOCIETY OF HOME INSPECTORS



Hereby certifies that

**Tyler Conley**

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

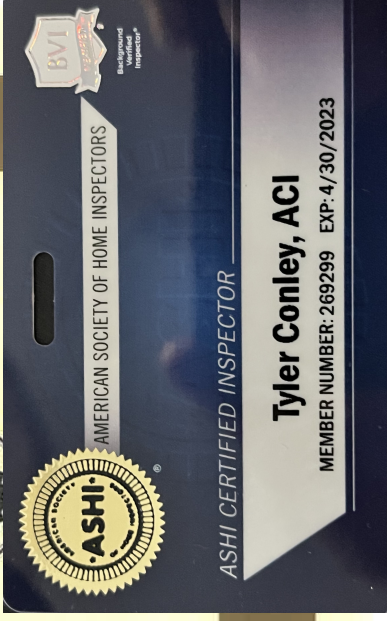
**ASHI CERTIFIED INSPECTOR, ACI**

and is entitled to all the rights, privileges and benefits thereof,  
in accordance with provisions of ASHI's Bylaws,

this 14th day of June 2022.

  
ACC Chair

  
ASHI President







## AMERICAN SOCIETY OF HOME INSPECTORS

[www.ASHI.org](http://www.ASHI.org) | [www.HomeInspector.org](http://www.HomeInspector.org) | [www.ASHIReporter.org](http://www.ASHIReporter.org)

April 26, 2023

Tyler R Conley  
714 Dogwood Lake Trail  
Alpharetta GA 30004  
UNITED STATES

**E-mail address :** [Tylerrbertconley@gmail.com](mailto:Tylerrbertconley@gmail.com)

**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,

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



ASHI CERTIFIED INSPECTOR™

CERTIFIED  
INSPECTOR



*Kellen Peak, ACI*



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

**SEPTEMBER 30, 2023**

*This credential is valid for one year after issuance.*

**PETER FAGAN, ACI**  
ACC CHAIRPERSON



AMERICAN SOCIETY OF  
HOME INSPECTORS

**LISA ALAJAJIAN GIROUX**  
ASHI PRESIDENT



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





## AMERICAN SOCIETY OF HOME INSPECTORS

[www.ASHI.org](http://www.ASHI.org) | [www.HomeInspector.org](http://www.HomeInspector.org) | [www.ASHIReporter.org](http://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](mailto: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,

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



# Certified Professional Inspector®

*Let it be known by this certificate that*

# Robert H. Conley

*has earned the designation of*

## Certified Professional Inspector®

*from the*

## International Association of Certified Home Inspectors®

Inspectors must complete ongoing continuing education and professional standards requirements to maintain their Certified Professional Inspector® designation. Always verify CPI status using the code or web address below before hiring a home inspector.



Issued by the **International Association  
of Certified Home Inspectors**

1750 30th St Ste 301  
Boulder, CO 80301

Ben Gromicko, Director of Education



Scan to verify

**Robert H. Conley**

**NACHI16052017**

Valid as of December 29th, 2022.  
Verify by scanning code or visiting  
[NACHI.ORG/VERIFY](http://NACHI.ORG/VERIFY)



# Certified Professional Inspector®

*Let it be known by this certificate that*

# Corey Guhl

*has earned the designation of*

## Certified Professional Inspector®

*from the*

## International Association of Certified Home Inspectors®

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Issued by the **International Association  
of Certified Home Inspectors**

1750 30th St Ste 301  
Boulder, CO 80301

Ben Gromicko, Director of Education



Scan to verify

**Corey Guhl**

**NACHI23020527**

Valid as of March 1st, 2023. Verify by  
scanning code or visiting  
[NACHI.ORG/VERIFY](https://NACHI.ORG/VERIFY)



# INTERNATIONAL CODE COUNCIL

## ROBERT CONLEY

*The International Code Council attests that the individual named on this certificate has satisfactorily 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:*

### **Residential Building Inspector**

*Given this day March 6, 2015*

Certificate No. 8340202

A handwritten signature in cursive script, reading "Cindy Davis".

**Cindy Davis, CBO**  
President, Board of Directors

A handwritten signature in cursive script, reading "Dominic Sims".

**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

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).

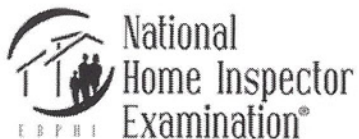
**For international exams:** Please go to [www.pearsonvue.com/icc/cert/contact/](http://www.pearsonvue.com/icc/cert/contact/).

*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**



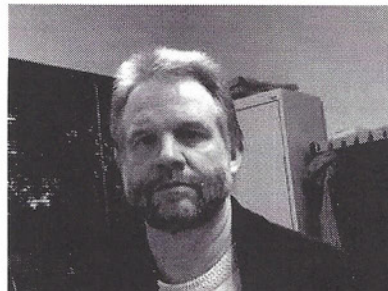
**Examination Board of Professional Home Inspectors**  
Score Report

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

---

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.





Let It Be Known by This Certificate That

*Rob Conley*

Is a Certified Master Inspector®

*Nick Gromicko*  
Nick Gromicko, Founder



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



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: 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 | 2024, 2025, 2026                   |

PRINCIPAL OFFICE ADDRESS

|         |  |
|---------|--|
| ADDRESS | 8189 Willow Tree Way, Alpharetta, GA, 30005, USA |
|---------|--|

REGISTERED AGENT

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

AUTHORIZER INFORMATION

|                      |               |
|----------------------|---------------|
| AUTHORIZER SIGNATURE | Robert Conley |
| AUTHORIZER TITLE     | Organizer     |




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/12/2024

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|   |  |                                       |
|---|--|---------------------------------------|
| <b>PRODUCER</b><br><br>Lasha Hammett Agency<br>State Farm<br>3155 North Point Pkwy, Ste E130<br>Alpharetta, GA 30005-5481 | <b>CONTACT</b><br><b>NAME:</b> Lasha Hammett<br><b>PHONE</b><br>(A/C, No, Ext): 770-733-1135<br><b>E-MAIL</b><br><b>ADDRESS:</b> lasha@hammettsinsurance.com | <b>FAX</b><br>(A/C, No): 404-418-7008 |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b>                         |
| <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <input checked="" type="checkbox"/>  |  | 25178                                 |
| <b>INSURER B:</b> <input checked="" type="checkbox"/>   |  |                                       |
| <b>INSURER C:</b> <input checked="" type="checkbox"/>   |  |                                       |
| <b>INSURER D:</b> <input checked="" type="checkbox"/>   |  |                                       |
| <b>INSURER E:</b> <input checked="" type="checkbox"/>   |  |                                       |
| <b>INSURER F:</b> <input checked="" type="checkbox"/>   |  |                                       |

|   |
|---|
| <b>INSURED</b><br><br>Conley, Robert<br>8189 Willow Tree Way<br>Alpharetta, GA 30005-4164 |
|---|

**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   | ADD INSD | SUB WVD | POLICY NUMBER                       | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY)  | LIMITS   |
|----------|---|----------|---------|-------------------------------------|--------------------------|--------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |          |         |                                     |                          |                          | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                        | N        | N       | D49 1836-B13-11<br>C50 4767-A12-11A | 02/13/2024<br>01/12/2024 | 08/13/2024<br>07/12/2024 | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 250,000<br>BODILY INJURY (Per accident) \$ 500,000<br>PROPERTY DAMAGE (Per accident) \$ 100,000<br>\$            |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |          |         |                                     |                          |                          | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N / A    |         |                                     |                          |                          | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                      |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 is required, please contact a State Farm agent.

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