

CERTIFICATE OF LIABILITY INSURANCE

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

PRODU	CER					CONTACT NAME: Carrie Lawson								
Citade	l In	surance Services, LC				PHO	NE:801-610-2734							
2600 V	600 W Executive Pkwy, Ste 500							EMAIL ADDR: clawson@inspectorprotect.com						
_ehi, l	ehi, UT 84043							INSURER(S) AFFORDING COVERAGE						
						INSU	JRER A : Republic	-Vanguard Insura	ance Company	40479				
NSURE	D					INSU	JRER B:: AmTrus	15954						
Conley	Conley Home Inspections, LLC							INSURER C:						
						INSU	JRER D :							
3189 \	1189 Willow Tree Way							INSURER E :						
Alpharetta, GA 30005							INSURER F:							
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:							
IN C	IDIC ERT	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY PE USIONS AND CONDITIONS OF SUCH	QUIRE RTAIN,	MENT, THE IN	TERM OR CONDITION ON SURANCE AFFORDED	OF A BY 1	NY CONTRACT	OR OTHER D	OCUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL THE	WHICH THIS				
INSR LTR	TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
Α	Χ	COMMERCIAL GENERAL LIABILITY	Χ		PAL1256082.1602596-	07	7/1/2023	7/1/2024	EACH OCCURRENCE	\$1,000,00				
		X CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$100,00				
	Х	Unmanned Aircraft Coverage							MED EXP(ANY ONE PERSON)	\$5,00				
									PERSONAL & ADV INJURY	\$1,000,00				
-														

LTR		TYPE OF I	NSUF	RANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	Х	COMMERCIAL GE	NERA	L LIABILITY	Х		PAL1256082.1602596-07	7/1/2023	7/1/2024	EACH OCCURRENCE	\$1,000,000	
		X CLAIMS-MADE OCCUR X Unmanned Aircraft Coverage							DAMAGE TO RENTED PREMIS (EA OCCURRENCE)	SES \$100,000		
	х								MED EXP(ANY ONE PERSON)	\$5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC								PERSONAL & ADV INJURY	\$1,000,000		
									GENERAL AGGREGATE	\$2,000,000		
									PRODUCTS-COMP/OP AGG	\$2,000,000		
	OTHER:											
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS								COMBINED SINGLE LIMIT accident)	(Ea		
									BODILY INJURY (Per Person)			
									BODILY INJURY (Per accident)	1		
		HIRED AUTOS NON-OWNED AUTOS)					PROPERTY DAMAGE (Per acc	cident)		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE		
		DED	RETE	NTION \$								
В	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY Y/N					KSS1325301	8/17/2023	7/1/2024	X PER STATUTE 0	OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?									E.L. EACH ACCIDENT	\$1,000,000	
İ	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					in NH)				E.L. DISEASE - EA EMPLOYER	E \$1,000,000	
										E.L. DISEASE - POLICY LIMIT	\$1,000,000	
Α	Professional (E&O)						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)

Coverage A Unmanned Aircraft Liability Aggregate Limit: \$1,000,000, workers comp is not excluded for drone use.

Certificate Holder is listed as an Additional Insured on the General Liability with respects to inspections completed by the Named Insured.

CERTIFICATE HOLDER	CANCELLATION
D.R. Horton, Inc. 8800 Roswell Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Bldg. B, Suite 100 Atlanta, GA 30350	Authorized Representative Anthony Eardley
	© 1000 2015 ACORD CORRORATION. All rights records

POST IN A **CONSPICUOUS PLACE**

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

License Number 5493

ID: 14195

Phone Number: 770-289-6650

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

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.



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)¹³⁴ 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.









LISA ALAJAJIAN GIROUX

ASHI PRESIDENT

This certification was originally earned/issued on March 25, 2019 AMERICAN SOCIETY OF HOME INSPECTORS



ACC CHAIRPERSON

September 29, 2023

Kellen Peak Conley Home Inspections 515 old magnolia trail Canton GA 30115 UNITED STATES

E-mail address: 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!

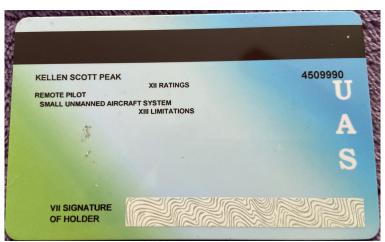
Regards,

Susan Lane

Membership Director 932 Lee Street Suite 101 Des Plaines IL 60016 Tel. 847-954-3185 Fax 847-759-1620

susanl@ashi.org





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











April 26, 2023

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

E-mail address: Tylerrobertconley@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

Certified Professional Inspector®

Let it be known by this certificate that

Corey Guhl

has earned the designation of

Certified Professional Inspector $^{\scriptscriptstyle \circledR}$

from the

International Association of Certified Home Inspectors®

Inspectors must complete ongoing continuing education and professional standards requirements to maintain their Certified Professional nspector $^{\circ}$ designation. Always verify CPI status using the code or web address below before hiring a home inspector.



ssued by the International Association of Certified Home Inspectors

1750 30th St Ste 301 Boulder, CO 80301



Corey Guhl

NACHI23020527

Valid as of March 1st, 2023. Verify by scanning code or visiting

NACHI.ORG/VERIFY

Scan to verify

AMERICAN SOCIETY OF HOME INSPECTORS

Hereby certifies that

Rob Conley

has met the hígh 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

Sawy Travan 4 ct

ACC Chair

ASHI President









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,

Susan Lane

Membership Director 932 Lee Street Suite 101 Des Plaines IL 60016 Tel. 847-954-3185 Fax 847-759-1620

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 nspector $^{\circ}$ designation. Always verify CPI status using the code or web address below before hiring a home inspector.



ssued by the International Association of Certified Home Inspectors

1750 30th St Ste 301 Boulder, CO 80301



Robert H. Conley ■ NACHI16052017

Verify by scanning code or visiting Valid as of December 29th, 2022.

NACHI.ORG/VERIFY

Scan to verify



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

Certificate No. 8340202

CERTIFIED

President, Board of Directors

Dominic Sims, CBO Chief Executive Officer Expires October 20, 2024

This certificate is the property of ICC and must be returned to ICC in the event of suspension or revocation of the certificate.



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.

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

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



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®



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



The President and Faculty

The Centuin Institute of Terlunlagg

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

Anhert Hugh Conley

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

Kachelor of Srience 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 Tord, nineteen hundred and eighty-six.

Connection

Imbettet -

GEORGIATICH BASSINSS

Mank & Raper

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

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).

th	nis certificate does not confer rights to	o the	certi	ficate holder in lieu of su			١.	•			
	DUCER				CONTACT Lasha Hammett NAME: FAX 404 419 7009						
Sta	teFarm Lasha Hammett Agency			PHONE (A/C, No, Ext): 770-733-1135 FAX (A/C, No): 404-418-7008							
	State Farm			E-MAIL ADDRESS: lasha@hammettsinsurance.com							
(3155 North Point Pkwy,	Ste E	E130		INSURER(S) AFFORDING COVERAGE NAIC #						
	Alpharetta, GA 30005-5				INSURER A: State Farm Mutual Automobile Insurance Company 25178						
INSU	<u> </u>				INSURER B:						
	Conley, Robert				INCORER D.						
	8189 Willow Tree Way				INSURER C :						
	Alpharetta, GA 30005-4164				INSURER D.						
	Alpharetta, GA 30003-4104				INCORDER E.						
	VED 4 0 E 0	TIE16	\ A T F	· NUMBER	INSURENT.						
				NUMBER:	VE DEF	N ICCUED TO		REVISION NUMBER		IOV DEDIOD	
IN Cl	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	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LI	MITS		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
	52							PREMISES (Ea occurrence) MED EXP (Any one person)	s		
								PERSONAL & ADV INJURY	s		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	PRO-							PRODUCTS - COMP/OP AG			
	POLICY JECT LOC							TROBOUTO-COMITOT AC	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT			
ANY AUTO								(Ea accident)	\$ 250.0	200	
۸	A OWNED X SCHEDULED AUTOS ONLY HIRED NON-OWNED		N	D49 1836-B13-11		02/13/2024	08/13/2024	BODILY INJURY (Per persor	500.000		
^				C50 4767-A12-11A				BODILY INJURY (Per accide PROPERTY DAMAGE	-/ T		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ 100,0	000	
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH STATUTE ER	\$		
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY	ÆE \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	IT \$		
	cription of operations / Locations / vehic 4 Ford Expedition policy: Principal Oper				le, may b	e attached if moi	e space is requi	ed)			
	2 Ford F150 policy: Principal Operator -			•	Robert	Conley					
	, , , ,	•				•					
CEI	RTIFICATE HOLDER				CANCELLATION						
CEI	KIIFICATE HOLDEK			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.						

© 1988-2015 ACORD CORPORATION. All rights reserved.