



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/27/2024

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).

PRODUCER Citadel Insurance Services, LC 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	CONTACT NAME: Carrie Joubert														
	PHONE: 801-610-2734	FAX:													
	EMAIL ADDR: carriej@inspectorprotect.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 : AmTrust Insurance Company</td> <td>15954</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 : AmTrust Insurance Company	15954	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			PAL1256082.1602596-08	7/1/2024	7/1/2025	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	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG	\$2,000,000
	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		OCCUR				EACH OCCURRENCE	
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	
	DED		RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY			KSS1359162	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> 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)			PAL1256082.1602596-08	7/1/2024	7/1/2025	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 Proof of insurance	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 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 12/31/2025

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: 12/31/2024

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

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

License Copy

<p>KEEP THIS COPY FOR YOUR RECORDS</p>	<p>City of Alpharetta, Georgia BUSINESS/OCCUPATIONAL LICENSE 12/31/2025</p>	<p>License Number 5493</p>
<p>Business Owner: CONLEY HOME INSPECTIONS LLC DBA: CONLEY HOME INSPECTIONS LLC Address: 8189 WILLOW TREE WAY City, State Zip: ALPHARETTA GA 30005</p>		<p>ID: 14195 Phone Number: 770-289-6650</p>
<p>Classification: HOME BASED Date Issued: 12/31/2024</p>		<p>ADMINISTRATION FEE 50.00 HOME BASED 40.00 Total Received..... 90</p>

AMERICAN SOCIETY OF HOME INSPECTORS

Hereby certifies that

Kellen Peak

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 25th day of March 2019.



ACC Chair



ASHI President





AMERICAN SOCIETY OF HOME INSPECTORS

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

September 26, 2024

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 a **Certified Inspector** in good standing since 01/11/2018 and your membership number is 264554 Your ASHI membership is valid through 09/30/2025.

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-

I UNITED STATES OF AMERICA XI
 DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION

IV NAME
 KELLEN SCOTT PEAK

V ADDRESS 515 OLD MAGNOLIA TRL
 CANTON GA 30115-7979

VI NATIONALITY USA **SEX** HEIGHT WEIGHT HAIR **EYES**
 IVa D.O.B. 18 JUN 1986 M 68 160 BROWN HAZEL

IX HAS BEEN FOUND PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

II REMOTE PILOT

III CERTIFICATE NUMBER 4509990
X DATE OF ISSUE 3 MAY 2021


XIV 
VIII ADMINISTRATOR






KELLEN SCOTT PEAK **4509990**

REMOTE PILOT **XI RATINGS**
 SMALL UNMANNED AIRCRAFT SYSTEM
 XIII LIMITATIONS

VII SIGNATURE OF HOLDER 



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

September 26, 2024

Tyler R Conley
Conley
714 Dogwood Lake Trail
Alpharetta GA 30004
UNITED STATES
E-mail address : 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 a **Certified Inspector** in good standing since 04/27/2022 and your membership number is 269299 Your ASHI membership is valid through 09/30/2025.

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-

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®

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

Corey Guhl

📄 **NACHI23020527**

Valid as of March 1st, 2023. Verify by
scanning code or visiting
NACHI.ORG/VERIFY

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.





ACC Chair



ASHI President



AMERICAN SOCIETY OF HOME INSPECTORS

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

September 26, 2024

Rob Conley
Conley Home Inspections, LLC
8189 Willow Tree Way
Alpharetta GA 30005
UNITED STATES
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 a **Certified Inspector** in good standing since 09/16/2014 and your membership number is 257097 Your ASHI membership is valid through 09/30/2025.

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

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



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

Handwritten signature of Cindy Davis in cursive.

Cindy Davis, CBO
President, Board of Directors

Handwritten signature of Dominic Sims in cursive.

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.

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.



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

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: 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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PRODUCER  Lasha Hammett Agency State Farm 3155 North Point Pkwy, Ste E130 Alpharetta, GA 30005-5481	CONTACT NAME: Lasha Hammett PHONE (A/C, No, Ext): 770-733-1135 E-MAIL ADDRESS: lasha@hammettsinsurance.com	FAX (A/C, No): 404-418-7008
	INSURER(S) AFFORDING COVERAGE	
INSURED Conley, Robert 8189 Willow Tree Way Alpharetta, GA 30005-4164	INSURER A: State Farm Mutual Automobile Insurance Company <input checked="" type="checkbox"/>	INSURER B: <input checked="" type="checkbox"/>
	INSURER C: <input checked="" type="checkbox"/>	INSURER D: <input checked="" type="checkbox"/>
	INSURER E: <input checked="" type="checkbox"/>	INSURER F: <input checked="" type="checkbox"/>

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