



# 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.

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<b>PRODUCER</b> Citadel Insurance Services, LC 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	<b>CONTACT NAME:</b> Carrie Joubert <b>PHONE:</b> 801-610-2734 <b>EMAIL ADDR:</b> carriej@inspectorprotect.com <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Republic-Vanguard Insurance Company <b>INSURER B :</b> AmTrust Insurance Company <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
<b>INSURED</b> Conley Home Inspections, LLC 8189 Willow Tree Way Alpharetta, GA 30005	<b>NAIC</b> 40479 15954

**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
								GENERAL AGGREGATE	\$2,000,000
								PRODUCTS-COMP/OP AGG	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:							
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
		OTHER:							
		<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	
		ANY AUTO						BODILY INJURY (Per Person)	
		ALL OWNED AUTOS						BODILY INJURY (Per accident)	
		HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
		<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	
		<b>EXCESS LIAB</b>						AGGREGATE	
		DED							
		RETENTION \$							
B		<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>			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)	Y/N					E.L. EACH ACCIDENT	\$1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below	N					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
								E.L. DISEASE - POLICY LIMIT	\$1,000,000
A		<b>Professional (E&amp;O)</b>			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

<b>CERTIFICATE HOLDER</b> Proof of insurance	<b>CANCELLATION</b> 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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<b>INSURED</b> Conley Home Inspections, LLC 8189 Willow Tree Way Alpharetta, GA 30005	<b>NAIC</b> 40479 15954

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		<input checked="" type="checkbox"/> Unmanned Aircraft Coverage						MED EXP(ANY ONE PERSON)	\$5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
		OTHER:						PRODUCTS-COMP/OP AGG	\$2,000,000
		<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	
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		ALL OWNED AUTOS						BODILY INJURY (Per accident)	
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		DED							
		RETENTION \$							
B		<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			KSS1359162	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
		<b>Y/N</b> <input checked="" type="checkbox"/> N						E.L. EACH ACCIDENT	\$1,000,000
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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  
Bldg. B, Suite 100  
Atlanta, GA 30350

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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<b>INSURED</b> Conley Home Inspections, LLC 8189 Willow Tree Way Alpharetta, GA 30005	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Republic-Vanguard Insurance Company <b>INSURER B :</b> AmTrust Insurance Company <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>

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<b>INSURED</b> Conley Home Inspections, LLC 8189 Willow Tree Way Alpharetta, GA 30005	<b>NAIC</b> 40479 15954

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<b>CERTIFICATE HOLDER</b> TPG HOMES FS, LLC 11340 Lakefield Drive Suite 140 Johns Creek, 30097	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> Anthony Eardley
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<b>PRODUCER</b> Citadel Insurance Services, LC 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	<b>CONTACT NAME:</b> Carrie Joubert <b>PHONE:</b> 801-610-2734 <b>EMAIL ADDR:</b> carriej@inspectorprotect.com <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Republic-Vanguard Insurance Company <b>INSURER B :</b> AmTrust Insurance Company <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
<b>INSURED</b> Conley Home Inspections, LLC 8189 Willow Tree Way Alpharetta, GA 30005	<b>NAIC</b> 40479 15954

**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
								GENERAL AGGREGATE	\$2,000,000
								PRODUCTS-COMP/OP AGG	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:							
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
		OTHER:							
		<b>AUTOMOBILE LIABILITY</b>						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		<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>			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)	Y/N					E.L. EACH ACCIDENT	\$1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below	N					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
								E.L. DISEASE - POLICY LIMIT	\$1,000,000
A		<b>Professional (E&amp;O)</b>			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

<b>CERTIFICATE HOLDER</b> Ballantry PMC Belmont, LLC 4770 S Atlanta Rd Suite 100 Atlanta GA 30339	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 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**

<b>KEEP THIS COPY FOR YOUR RECORDS</b>	<b>City of Alpharetta, Georgia BUSINESS/OCCUPATIONAL LICENSE</b> <b>12/31/2025</b>	<b>License Number 5493</b>						
<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</p> <p>Date Issued: 12/31/2024</p> <table><tr><td>ADMINISTRATION FEE</td><td>50.00</td></tr><tr><td>HOME BASED</td><td>40.00</td></tr><tr><td><b>Total Received.....</b></td><td><b>90</b></td></tr></table>			ADMINISTRATION FEE	50.00	HOME BASED	40.00	<b>Total Received.....</b>	<b>90</b>
ADMINISTRATION FEE	50.00							
HOME BASED	40.00							
<b>Total Received.....</b>	<b>90</b>							



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, 2024**

*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)

September 26, 2024

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 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  
**IVa D.O.B.** 18 JUN 1986  
**SEX** M **HEIGHT** 68 **WEIGHT** 160 **HAIR** BROWN **EYES** 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** *Steve Dade*  
**VIII ADMINISTRATOR**

**UAS**

KELLEN SCOTT PEAK 4509990  
**XI RATINGS**  
REMOTE PILOT  
SMALL UNMANNED AIRCRAFT SYSTEM  
**XIII LIMITATIONS**

**UAS**

**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.*

A handwritten signature in blue ink, appearing to read "Rod Deane".

ACC Chair

A handwritten signature in blue ink, appearing to read "Brenda Parker".

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)

September 26, 2024

Tyler R Conley

Conley

714 Dogwood Lake Trail

Alpharetta GA 30004

UNITED STATES

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

# Hunter Allen

*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

**Hunter Allen**

 **NACHI24110118**

Valid as of January 20th, 2025.  
Verify by scanning code or visiting  
**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®

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](https://NACHI.ORG/VERIFY)



# Certified Professional Inspector®

*Let it be known by this certificate that*

# Colton Grover

*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

**Colton Grover**

**NACHI22040414**

Valid as of January 7th, 2025. Verify  
by scanning code or visiting  
**NACHI.ORG/VERIFY**

# Certified Professional Inspector®

*Let it be known by this certificate that*

# Shakeem Mcilwain

*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

**Shakeem Mcilwain**

 **NACHI24110117**

Valid as of January 20th, 2025.  
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](http://www.ASHI.org) | [www.HomeInspector.org](http://www.HomeInspector.org) | [www.ASHIReporter.org](http://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](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 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-





# 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)





# 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®



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



John C. Little  
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)

02/05/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Lasha Hammett State Farm	<b>CONTACT</b> NAME: Mila Latsis PHONE (A/C, No, Ext): 7707331135 E-MAIL ADDRESS: mila@hammettsinsurance.com FAX (A/C, No):  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 25178
<b>INSURED</b> CONLEY, ROBERT HUGH		

**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.

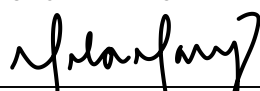
INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> 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 \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <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	<b>N</b>	<b>N</b>	C50 4767-A12-11A D49 1836-B13-11	01/12/2025 02/13/2025	07/12/2025 08/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>N / A</b>					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ 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)

**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



Mila Latsis

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