

DATE (MM/DD/YYYY)

07/01/2025

CER THIS	TIFIC CEF	ATE DOES N	OT A		ATIVEL	Y OR I S NOT	NEGA CONS	TIVELY AMEND, EXT	END	OR ALTER	THE COVER	S UPON THE CERTIFICAT AGE AFFORDED BY THE P SURER(S), AUTHORIZED R	OLICIES BELOW.				
end	orse	d. If SUBRO	DGA	TION	IS WAI	VED,	subje	IONAL INSURED, the act to the terms and t confer rights to the o	nd c	onditions o	of the policy	DITIONAL INSURED pr /, certain policies may h endorsement(s).	ovisions or be require an				
PROD	UCER								CON	TACT NAME: Ca	rrie Joubert						
Fortr	ess li	ntermediaries,		dba Cit	adel Insi	Irance			PHONE:801-610-2734 FAX:								
		xecutive Pkwy							EMAIL ADDR: carriej@inspectorprotect.com								
Lehi,	UT 8	4043							-	-		DING COVERAGE	NAIC				
									INSU	URER A : Republic			40479				
INSUR	ED								-	URER B : AmTrust	-		15954				
Conle	ev Ho	me Inspection	s II	С						URER C :	· · · · · ·						
		ey Property Ins							INSU	URER D :							
		ow Tree Way								URER E :							
Alpha	aretta	, GA 30005							INSU	URER F :							
COV		-	С	ERTIF		NUMBE	ER:			_		REVISION NUMBER:					
	NDIC CERT	ATED. NOTWI	THST BE IS	ANDING	g any r Dr may	equire Perta	ement, In, the Cies. Lii	TERM OR CONDITION	OF ED E	ANY CONTRAC BY THE POLIC EN REDUCED	CT OR OTHER IES DESCRIBE BY PAID CLAIN	ED NAMED ABOVE FOR THE F DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO AI MS.	TO WHICH THIS				
INSR LTR		TYPE OF I	NSUF	RANCE		ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	Х	COMMERCIAL G	ENER	AL LIABIL	ITY	X		PAL1256082.1602596-	-09	07/01/2025	07/01/2026	EACH OCCURRENCE	\$1,000,000				
		CLAIMS-M	ADE	x	OCCUR							DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$100,000				
х		UNMANNED AIRC	RAFT	COVER	AGE							MED EXP(ANY ONE PERSON)	\$5,000				
												PERSONAL & ADV INJURY	\$1,000,000				
	GEN	L AGGREGATE LII		PLIES P	ER:							GENERAL AGGREGATE	\$2,000,000				
	-	POLICY	7	JECT	LOC							PRODUCTS-COMP/OP AGG	\$2,000,000				
		OTHER:											+_,,				
	A11T/		·v									COMBINED SINGLE LIMIT					
	AUT		I									(Ea accident) BODILY INJURY (Per Person)					
		ALL OWNED		SCHED	ULED							. ,					
		AUTOS		AUTOS NON-O								BODILY INJURY (Per accident)					
		HIRED AUTOS		AUTOS								PROPERTY DAMAGE (Per accident)					
		UMBRELLA LIAB		OCCUR	1							EACH OCCURRENCE					
		EXCESS LIAB		CLAIMS	-MADE							AGGREGATE					
		DED	RETE	ENTION \$;												
В				AND	VA	1		KSS1397419		07/01/2025	07/01/2026	X PER OTHER					
	ANY F	LOYER'S LIABILIT ROPRIETOR/PARTNE	R/EXEC	CUTIVE	Y/N N	1		-				E.L. EACH ACCIDENT	\$1,000,000				
		ER/MEMBER EXCLUE	ED?			1						E.L. DISEASE – EA EMPLOYEE	\$1,000,000				
	If yes	, describe under										E.L. DISEASE – POLICY LIMIT	\$1,000,000				
•		CRIPTION OF OPE						DAL 4050000 4000500	00	07/04/0005	07/04/0000	PER CLAIM LIMIT					
A	PRC	FESSIONAL (E&	έΟ) –	CLAIMS	MADE			PAL1256082.1602596-	-09	07/01/2025	07/01/2026	AGGREGATE	\$300,000				
DESC	RIPTIC	N OF OPERATION		CATIONS	/ VEHICLE	S (Attac	h ACOR	D 101, Additional Remarks S	Sched	lule, if more space	e if required)	AGGILGATE	\$300,000				
Insu Cove Cert	i red erag ificat	/ Inspector(s e A Unmanne	s): R ed Ai sted	obert (ircraft	Conley,, Liability	Hunte Aggre	er Alle egate I	n, Tyler Conley, Cor Limit: \$1,000,000, w	ey (orke	Guhl, Kellen l ers comp is n	Peak, Colton ot excluded to inspectio	Grover, Shakeem Mcilwa for drone use. ns completed by the Name					
		of of insurar								SHOULD AN	Y OF THE A	BOVE DESCRIBED POLICIES ON DATE THEREOF, NOTICE W POLICY PROVISIONS.					
ł										AUTHORIZED R	EPRESENTATIVE	111 - 1					
											Anthony Eardle	v fathing andly					
												ACORD CORPORATION.	All rights reserved				



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end	orse	d. If SUBRO)GA	TION	I IS WA	IVED,	subje	IONAL INSURED, the act to the terms and t confer rights to the o	ıd c	onditions o	of the policy	, certain polici	es may re	
PROD	UCER								CON	NTACT NAME: Ca	rrie Joubert			
Fortr	ess Ir	ntermediaries, I	LC	dba C	itadel In	surance			РНС	ONE:801-610-2734		FAX:		
2600	W E	kecutive Pkwy,	Ste	500					EMA	AIL ADDR: carriej@	@inspectorprotec	t.com		
Lehi,	UT 8	4043								INS	SURER(S) AFFOR	DING COVERAGE		NAIC
									INS	URER A : Republic				40479
INSUF	ED								INS	URER B : AmTrust	t Insurance Comp	any		15954
Conl	ey Ho	me Inspection	s, LL	С					INS	URER C :				
		ey Property Ins	pect	ions					INS	URER D :				
8189	Willo	w Tree Way							INS	URER E :				
-		, GA 30005							INS	URER F :				
cov	ERA	GES	С	ERTI	FICATE	NUMB	ER:					REVISION NU	MBER:	
	NDIC CERT	ATED. NOTWI	FHST	ANDIN	NG ANY OR MAY	REQUIR	EMENT IN, THE	ICE LISTED BELOW HAV , TERM OR CONDITION E INSURANCE AFFORD MITS SHOWN MAY HAV	OF ED I	ANY CONTRAC	CT OR OTHER	DOCUMENT WITH F	RESPECT TO	WHICH THIS
INSR LTR		TYPE OF I	NSUF	RANCE	=	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A	Х	COMMERCIAL G	ENER	AL LIAB	BILITY	X	WVD	PAL1256082.1602596-	-09	07/01/2025	07/01/2026	EACH OCCURRENCE		\$1,000,000
		CLAIMS-M/	ADE	x	OCCUR							DAMAGE TO RENTED (EA OCCURRENCE)	PREMISES	\$100,000
х		UNMANNED AIRC	RAFT	COVER	RAGE							MED EXP(ANY ONE PE	RSON)	\$5,000
												PERSONAL & ADV INJURY		\$1,000,000
	GEN'	L AGGREGATE LIN	1IT AF	PLIES	PER:							GENERAL AGGREGATE		\$2,000,000
	Х	POLICY	PRO	JECT	LOC							PRODUCTS-COMP/OP AGG		\$2,000,000
		OTHER:												
	AUTO	MOBILE LIABILIT	Y									COMBINED SINGLE LII (Ea accident)	TIN	
		ANY AUTO										BODILY INJURY (Per P	erson)	
		ALL OWNED AUTOS		SCHE AUTO	DULED							BODILY INJURY (Per a	ccident)	
		HIRED AUTOS			OWNED							PROPERTY DAMAGE (Per accident)	
		UMBRELLA		occu	ID							EACH OCCURRENCE		
	-					-								
	-	DED	RETT		IS-MADE	-						AGGREGATE		
D	WOR	KERS COMPENSA			Ψ		1	K661207440		07/01/2025	07/01/2020	V PER	OTHER	
В		OYER'S LIABILIT			Y/N			KSS1397419		07/01/2025	07/01/2026	^ STATUTE	UTER	
	OFFIC	ER/MEMBER EXCLUD	ED?		N	-						E.L. EACH ACCIDENT		\$1,000,000
		datory in NH) , describe under										E.L. DISEASE - EA EM		\$1,000,000
•	DES	CRIPTION OF OPE							00	07/04/0005	07/04/0000	E.L. DISEASE - POLIC		\$1,000,000
A	PRC	FESSIONAL (E8	- (U	CLAIN	IS MADE			PAL1256082.1602596-	-09	07/01/2025	07/01/2026	PER CLAIM LIMIT		\$300,000 \$300,000
Insu Cov Cert	i red erage ificat	/ Inspector(s e A Unmanne): R d Ai sted	obert ircraft	: Conley t Liabilit	,, Hunt y Aggre	er Alle egate l	L D 101, Additional Remarks S en, Tyler Conley, Corr Limit: \$1,000,000, we on the General Liabil	ey (orke	Guhl, Kellen I ers comp is n	Peak, Colton ot excluded to inspection	Grover, Shakeer for drone use.		
	D.R 880 Bldg	. Horton, Inc 0 Roswell R g. B, Suite 1 nta, GA 303	;. oad 00	l						SHOULD AN BEFORE IN ACCORDAN	Y OF THE A THE EXPIRATIONCE WITH THE EPRESENTATIVE	Anthon Jano	NOTICE WIL	
											Anthony Eardle © 1988-2015	ACORD CORPOR	RATION. AI	l rights reserved



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07/01/2025

CER [®] THIS		ATE D	OES N	OT A	FFIRM	ATIVEL	Y OR S NOT	NEGA CONS	NFORMATION ONLY TIVELY AMEND, EXT STITUTE A CONTRAC	END	OR ALTER	THE COVER	GE AFFORDED BY	THE POI	LICIES BELOW.		
ende	orse	d. If	SUBRO	DGA	TION	IS WA	VED,	subje	IONAL INSURED, the act to the terms an t confer rights to the o	nd c	onditions o	f the policy	, certain policies	ED prov s may re	visions or be quire an		
PROD	JCER									CON	TACT NAME: Car	T NAME: Carrie Joubert					
Fortro	ess Ir	ntermed	diaries,	LLC	dba Cita	adel Insi	urance			РНО	NE:801-610-2734		FAX:				
2600	W E	xecutiv	e Pkwy,	Ste \$	500					EMAIL ADDR: carriej@inspectorprotect.com							
Lehi,	UT 8	4043									INS	URER(S) AFFOR	DING COVERAGE		NAIC		
										INSU		-Vanguard Insura			40479		
INSUR	ED									INSU	JRER B : AmTrust	Insurance Comp	any		15954		
Conle	ey Ho	ome Ins	pection	s, LL(С					INSU	JRER C :						
DBA	Conl	ey Prop	perty Ins	specti	ions					INSU	JRER D :						
8189	Willo	w Tree	e Way							INSU	JRER E :						
Alpha	aretta	, GA 3	0005							INSU	JRER F :						
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INSR LTR		T١	PE OF I	NSUR	RANCE		ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
A	Х	COMM	ERCIAL G	ENERA	AL LIABIL	ITY	X	1110	PAL1256082.1602596-	-09	07/01/2025	07/01/2026	EACH OCCURRENCE		\$1,000,000		
		c	LAIMS-M	ADE	x	DCCUR							DAMAGE TO RENTED PR (EA OCCURRENCE)	EMISES	\$100,000		
х		UNMAN	NED AIRC	RAFT	COVERA	GE							MED EXP(ANY ONE PERSON)		\$5,000		
													PERSONAL & ADV INJURY GENERAL AGGREGATE		\$1,000,000		
	GEN'	L AGGRE	EGATE LIN	MIT AP	PLIES PE	R:									\$2,000,000		
	Х	POLICY		PROJ	JECT	LOC							PRODUCTS-COMP/OP AGG		\$2,000,000		
		OTHER															
	AUTO	OMOBILE		Υ									COMBINED SINGLE LIMIT (Ea accident)				
		ANY AU	то										BODILY INJURY (Per Pers	ion)			
		ALL OW	'NED		SCHED	JLED							BODILY INJURY (Per accid	dent)			
		AUTOS HIRED A	AUTOS		AUTOS NON-OV	VNED							PROPERTY DAMAGE (Pe	r accident)			
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-	WOR	DED	OMPENSA	1	ENTION \$				1004007440		07/04/0005	07/04/2000	V PER	071-55			
В	EMP	LOYER'S	LIABILIT	Y		Y/N	_		KSS1397419		07/01/2025	07/01/2026	^ STATUTE	OTHER			
	OFFIC	ER/MEMB	DR/PARTNE		JUIVE	Ν	4						E.L. EACH ACCIDENT	a) (75	\$1,000,000		
		datory in , describe											E.L. DISEASE - EA EMPL		\$1,000,000		
			N OF OPE	RATIC	ONS below	V		<u> </u>					E.L. DISEASE – POLICY L	IMIT	\$1,000,000		
A	PRC	FESSIC	NAL (E8	kO) –	CLAIMS	MADE			PAL1256082.1602596-	-09	07/01/2025	07/01/2026	PER CLAIM LIMIT AGGREGATE		\$300,000		
DESC	RIPTIC	ON OF OF	PERATION	I/LOC	ATIONS	/ VEHICLE	S (Attac	h ACOR	D 101, Additional Remarks S	Schedu	ule, if more space	if required)	NOONLOAIL		\$300,000		
Cove	erag	e A Úr	manne	ed Ai	rcraft I	iability	Aggre	egate l	n, Tyler Conley, Coro Limit: \$1,000,000, wo on the General Liabil	orke	ers comp is n	ot excluded	for drone use.		Insured.		
CER	ΓIFIC	ATE H	OLDER	2							CANCELLAT	ION					
	137	1 Dog	on, Ind jwood ers, G	Driv							BEFORE IN ACCORDAN	THE EXPIRATION	BOVE DESCRIBED F ON DATE THEREOF, N POLICY PROVISIONS.	OTICE WIL			
		,											Anthon Smalle	5			
												Anthony Eardle	ACORD CORPORA		Lrighte record		
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CER [®]		ATE DOES NO	OT A		RMAT		y or i S not	NEGAT CONS	NFORMATION ONLY TIVELY AMEND, EXT TITUTE A CONTRAC	ENC	OR ALTER	THE COVER	AGE AFFORDED B	Y THE POI	LICIES BELOW.			
ende	orse	d. If SUBRO	DGA	TION	NIS	WAI	VED,	subje	ONAL INSURED, the other to the terms and confer rights to the o	ld c	onditions o	of the policy	, certain policie					
PROD	JCER									CONTACT NAME: Carrie Joubert								
Fortr	ess Ir	ntermediaries, I		dba C	Citade	l Insi	Irance			PHONE:801-610-2734 FAX:								
		kecutive Pkwy,								EM/	AIL ADDR: carriej	@inspectorprotec	t.com					
Lehi,	UT 8	4043									ING		DING COVERAGE		NAIC			
										INSI	URER A : Republic				40479			
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Conle	ev Ho	me Inspection	s, LL	C						INSI	URER C :		-					
		ey Property Ins								INSI	URER D :							
		w Tree Way								INS	URER E :							
Alpha	aretta	, GA 30005								INS	URER F :							
COV	ERA	GES	С	ERTI	IFICA	TE N	NUMBE	ER:		1			REVISION NUM	IBER:				
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INSR LTR		TYPE OF I	NSUF	RANCE	E		ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
A	Х	COMMERCIAL G	ENER	AL LIA	BILITY		X	VVVD	PAL1256082.1602596-	-09	07/01/2025	07/01/2026	EACH OCCURRENCE		\$1,000,000			
		CLAIMS-M/	ADE	x	occ	UR							DAMAGE TO RENTED P (EA OCCURRENCE)	REMISES	\$100,000			
х		UNMANNED AIRC	RAFT	COVE	RAGE								MED EXP(ANY ONE PERSON) PERSONAL & ADV INJURY GENERAL AGGREGATE		\$5,000			
															\$1,000,000			
	GEN'	L AGGREGATE LIN		PPLIES	PER:		-								\$2,000,000			
	Х	POLICY	PRO	JECT		LOC							PRODUCTS-COMP/OP AGG		\$2,000,000			
		OTHER:																
	AUTO	MOBILE LIABILIT	Y										COMBINED SINGLE LIM	IT				
		ANY AUTO	•										(Ea accident) BODILY INJURY (Per Per	rson)				
		ALL OWNED			EDULEI	D							BODILY INJURY (Per acc	,				
		AUTOS		AUTC NON-	DS -OWNE	D								,				
		HIRED AUTOS		AUTC	OS								PROPERTY DAMAGE (P	er accident)				
		UMBRELLA		occi	UR								EACH OCCURRENCE					
		LIAB EXCESS LIAB		CLAIM	MS-MA	DE							AGGREGATE					
		DED	RETR	ENTION			1											
В		KERS COMPENSA	TION		· · Ψ	VA			KSS1397419		07/01/2025	07/01/2026	X PER	OTHER				
	ANY F	OYER'S LIABILIT	R/EXE	CUTIVE	ſ	y/n N	1		-				STATUTE E.L. EACH ACCIDENT		\$1,000,000			
		ER/MEMBER EXCLUD datory in NH)	ED?		L	IN							E.L. DISEASE – EA EMP	LOYEE	\$1,000,000			
	lf yes	, describe under	_										E.L. DISEASE - POLICY		\$1,000,000			
A		CRIPTION OF OPE FESSIONAL (E8				DE			PAL1256082.1602596-	.00	07/01/2025	07/01/2026	PER CLAIM LIMIT		\$300,000			
~	1110		.0)	01/11					T AL 120002.1002000-	00	0110 112023	0110112020	AGGREGATE		\$300,000			
									L D 101, Additional Remarks S n, Tyler Conley, Cord				1	Mcilwain	φ000,000			
									_imit: \$1,000,000, w									
	-							•	on the General Liabi					he Named	Insured.			
CER	FIFIC	ATE HOLDER	l								CANCELLA	ΓΙΟΝ						
	113	G HOMES F 40 Lakefield e 140									BEFORE IN ACCORDAI	THE EXPIRATION	BOVE DESCRIBED ON DATE THEREOF, I POLICY PROVISIONS	NOTICE WIL				
	Joh	ns Creek, 30	009	7						AUTHORIZED REPRESENTATIVE								
												Anthony Eardle			l righte recentre d			
												S 1900-2015	ACORD CORPOR	ATION. AI	i rights reserved			



DATE (MM/DD/YYYY)

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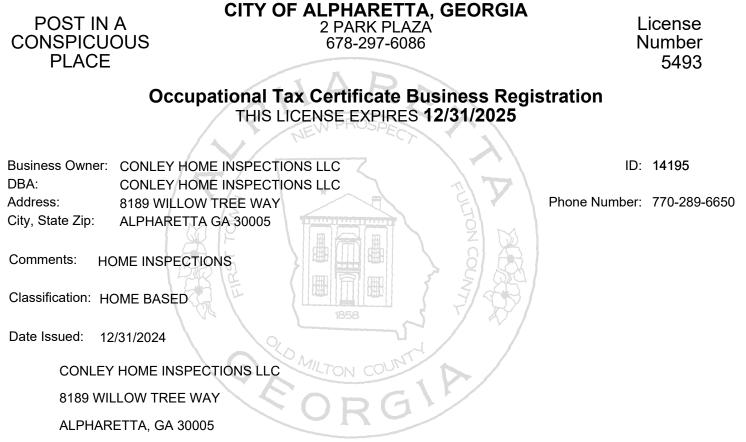
	TIFIC CER	ATE DOES NO	OT A	FFIRI URAN	MATIVEL	Y OR I S NOT	NEGA ⁻ CONS	NFORMATION ONLY TIVELY AMEND, EXTI STITUTE A CONTRAC	END	OR ALTER	THE COVERA	GE AFFORDED BY	THE POL	ICIES BELOW.	
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Fortr	ess Ir	ntermediaries, I	LLC	dba Ci	tadel Insi	urance			РНО	NE:801-610-2734		FAX:			
2600	W E	kecutive Pkwy,	Ste	500					EMA	AIL ADDR: carriej	Dinspectorprotec	.com			
Lehi,	UT 8	4043								INS	SURER(S) AFFOR	DING COVERAGE		NAIC	
									INSU		-Vanguard Insura			40479	
INSUR	ED								INSU	JRER B : AmTrust	Insurance Comp	any		15954	
Conle	ey Ho	me Inspection	s, LL	С					INSU	JRER C :					
		ey Property Ins	pect	ions					INSU	JRER D :					
		w Tree Way							INSU	JRER E :					
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INSR LTR		TYPE OF I	NSUF	RANCE		ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS		
A	х	COMMERCIAL G	ENER	AL LIABI	ILITY	X		PAL1256082.1602596-	09	07/01/2025	07/01/2026	EACH OCCURRENCE		\$1,000,000	
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	Х	POLICY	PRO	JECT	LOC							PRODUCTS-COMP/OP AGG		\$2,000,000	
	AUTO	OTHER:	Y									COMBINED SINGLE LIMIT			
		ANY AUTO										(Ea accident) BODILY INJURY (Per Perso	on)		
		ALL OWNED			DULED							BODILY INJURY (Per accid	ent)		
		AUTOS HIRED AUTOS		AUTOS NON-C AUTOS	OWNED							PROPERTY DAMAGE (Per	accident)		
				AUTOS	5										
		UMBRELLA LIAB		OCCU	R							EACH OCCURRENCE			
		EXCESS LIAB		CLAIM	S-MADE							AGGREGATE			
		DED	RETE	ENTION	\$	1									
В		KERS COMPENSA OYER'S LIABILIT		AND	Y/N			KSS1397419		07/01/2025	07/01/2026	X PER STATUTE	OTHER		
	ANY P	ROPRIETOR/PARTNE ER/MEMBER EXCLUD	R/EXEC	CUTIVE	N	1						E.L. EACH ACCIDENT	' 	\$1,000,000	
		datory in NH)			L							E.L. DISEASE – EA EMPLC	DYEE	\$1,000,000	
		, describe under CRIPTION OF OPE	RATIO	ONS belo	ow							E.L. DISEASE – POLICY LI	міт	\$1,000,000	
A	PRO	FESSIONAL (E8	kO) –	CLAIM	S MADE			PAL1256082.1602596-	09	07/01/2025	07/01/2026	PER CLAIM LIMIT AGGREGATE		\$300,000 \$300,000	
Insu Cove Cert	red erage ificat	/ Inspector(s e A Unmanne	s): R ed Ai sted	obert ircraft	Conley,, Liability	Hunte Aggre	er Alle egate I	n, Tyler Conley, Core Limit: \$1,000,000, wo Don the General Liabil	ey G orke	Guhl, Kellen l ers comp is n	Peak, Colton ot excluded to inspection	Grover, Shakeem I for drone use.			
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Alpharetta, Ga. 30022								AUTHORIZED REPRESENTATIVE Anthony Eardley © 1988-2015 ACORD CORPORATION. All rights reserve							



DATE (MM/DD/YYYY)

07/01/2025

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PROD	JCER										CON	TACT NAME: Ca	rrie Joubert						
Fortre	ess Ir	nterm	ediaries,	LLC	dba C	Citadel Ir	suran	се			РНС	DNE:801-610-2734		FAX:					
			ve Pkwy								EMAIL ADDR: carriej@inspectorprotect.com								
Lehi,	UT 8	4043										INS	SURER(S) AFFOR	DING COVERAGE		NAIC			
											INSU	URER A : Republic				40479			
INSUR	ED										INSU	URER B : AmTrust	t Insurance Comp	any		15954			
Conle	ey Ho	me lı	spection	s, LL	C						INSU	URER C :							
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Х		UNMA	NNED AIRO	CRAFT	COVE	RAGE								MED EXP(ANY ONE PE	RSON)	\$5,000			
														PERSONAL & ADV INJU	JRY	\$1,000,000			
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В	EMPL	KERS OYER	COMPENS	ATION Y	AND	Y/				KSS1397419		07/01/2025	07/01/2026	X PER STATUTE	OTHER				
	OFFIC	ER/MEN	TOR/PARTNE		JUIIVE	Ν								E.L. EACH ACCIDENT		\$1,000,000			
	•	-	in NH) be under											E.L. DISEASE – EA EMP		\$1,000,000			
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A			IONAL (E&	,						PAL1256082.1602596-		07/01/2025	07/01/2026	PER CLAIM LIMIT AGGREGATE		\$300,000 \$300,000			
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			GA 303	39								AUTHORIZED R	EPRESENTATIVE	att 5	lla.				
													Anthony Eardle		1				
								-			_		© 1988-2015	ACORD CORPOR	RATION. AI	l rights reserved.			



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License Copy

KEEP THIS COPY FOR YOUR RECORDS		retta, Georgia PATIONAL LICENSE 1/2025		Number 5493
	HOME INSPECTIONS LLC HOME INSPECTIONS LLC	DSPECT	ID:	14195
01001112	TTA GA 30005		Phone Number:	770-289-6650
Classification: HOME BASE		TON COUNT		
Date Issued: 12/31/2024	G MILTON	COUNTY		
	OF	ADMINISTRATION FEE HOME BASED Total Received		50.00 40.00 90



ASHI CERTIFIED INSPECTOR



Kellen Peak, ACI



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

SEPTEMBER 30, 2024

This credential is valid for one year after issuance.





LISA ALAJAJIAN GIROUX

Jian alayayin Arine

ASHI PRESIDENT







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





PETER FAGAN, ACI ACC CHAIRPERSON







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 :** <u>Kpeak17@gmail.com</u> **Record type :** Certified Inspector **Phone number :** 770-289-6650 **Member number :** 264554

Dear Kellen,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are 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,

SucarLane

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





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 <u>14th</u> day of <u>June 2022</u>.

Bar ACC Chair

Sun La C. A. 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 :** <u>Tylerrobertconley@gmail.com</u> **Record type :** Certified Inspector **Phone number :** 321-266-9391 **Member number :** 269299

Dear Tyler,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are 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,

SucarLane

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



Scan to verify

Hunter Allen NACH124110118 Valid as of January 20th, 203

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

Colton Grover

has earned the designation of

Certified Professional Inspector[®]

) MARKARARARARARARARARARARARA

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



Scan to verify

E NACHI22040414 **Colton Grover**

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



Shakeem Mcilwain SNACH124110117

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

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

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

Say There tat House life . 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,

SucarLane

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

759-1620 susanl@ashi.org



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.



ssued by the International Association of Certified Home Inspectors 1750 30th St Ste 301

Boulder, CO 80301



evente verse v



Robert H. Conley E NACHI16052017

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

C indy Children

Cindy Davis, CBO President, Board of Directors

and was

Dominic Sims, CBO Chief Executive Officer





Expires October 20, 2024



Residential Building Inspector



Candidate ID:	ICC00221556

Name:

Robert Conley

Date:

3/6/2015

Address:

Alpharetta

8189 Willow Tree Way

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.



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.

Ŷ

National Home Inspector Examination developed by EBPHI administered by PSI.

Let It Be Known by This Certificate That

Rob Conley

Is a Certified Master Inspector®

Milly rowide

Nick Gromicko, Founder

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

CERTIFIED

ED BY TH.

INSPECTOR

MASTER

CIMI

The President and Naculty

The Genuin Institute of Technology

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

Anthert Hugh Concley

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

Tuchelor of Science in Quilding Construction

with all the rights, privileges and honors, thereunto appertaining. In mitness inhereof, the signatures of the Chancellor of the University System. the President and the Registrar of The Georgia Institute of Technology are hereto subscribed, and the seal of the Institute is affixed.

Given at Atlanta on the fourteenth day of Iune. in the year of our Lord. nineteen hundred and eighty-six.



STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed Secretary of State Filing Date: 1/6/2024 2:17:44 PM

BUSINESS INFORMATION							
CONTROL NUMBER	14041434						
BUSINESS NAME	Conley Home Inspections, LLC						
BUSINESS TYPE	Domestic Limited Liability Company						
EFFECTIVE DATE	01/06/2024						
ANNUAL REGISTRATION PERIO	2024, 2025, 2026						
PRINCIPAL OFFICE ADDRESS							
ADDRESS	8189 Willow Tree Way, Alpharetta, GA, 30005, USA						
	NIS/USTIC MODE						
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						
	1776						

CEI BEI	IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMAT		TER	OF INFORMATION ON					
	PRESENTATIVE OR PRODUCER, A	SURA	NCE	R NEGATIVELY AMEND	, EXTER	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE POLICI
lf S	ORTANT: If the certificate holder SUBROGATION IS WAIVED, subject s certificate does not confer rights t	to th	he te	rms and conditions of t	he polic	certain p	olicies may		
PRODU					CONTAC NAME:	Mila Lats , _{Ext):} 770733	is 31135	FAX (A/C, No)	:
Ć					ADDRES	<u>.</u>	mmettsinsura		
									nv 25178
INSURI	ED				INSURE		rm Mulual Aut	omobile Insurance Compa	ny 23170
	CONLEY, ROBERT HUGH				INSURE				
					INSURE				
					INSUREI				
					INSURE				
cov	ERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:	•
EXC NSR	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	PERT POLIC ADD INSD	CIES.	LIMITS SHOWN MAY HAVE	BEENR	EDUCED BY	PAID CLAIMS. POLICY EXP	D HEREIN IS SUBJECT	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER			(MM/DD/YYYY)	EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
(GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$
\rightarrow	OTHER:							COMBINED SINGLE LIMIT	\$
Ľ				C50 4767-A12-11A		01/12/2025	07/12/2025	(Ea accident)	\$
. +	ANY AUTO	N	N	D49 1836-B13-11		02/13/2025	08/13/2025	BODILY INJURY (Per person)	\$ 250,000
▲ -	AUTOS ONLY AUTOS HIRED NON-OWNED	N	N					BODILY INJURY (Per accident PROPERTY DAMAGE	, , .
_	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ 100,000
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
	DED RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	\$
A		N / A						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYE	E \$
<u>'</u>	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$

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

ACORD	CERTIFICATE	
CERTIFICATE BELOW. THIS	CATE IS ISSUED AS A MATTER OF INFORM. DOES NOT AFFIRMATIVELY OR NEGATIVE S CERTIFICATE OF INSURANCE DOES NOT TIVE OR PRODUCER, AND THE CERTIFICATE	LY AMEND, EXTEND CONSTITUTE A CO
If SUBROGAT	If the certificate holder is an ADDITIONAL INS ION IS WAIVED, subject to the terms and cor does not confer rights to the certificate holder	nditions of the policy, r in lieu of such endors
PRODUCER State Farm	Lasha Hammett State Farm	CONTACT NAME: PHONE (A/C, No, E) E-MAIL ADDRESS: