



DATE (MM/DD/YYYY)

07/01/2025

# CERTIFICATE OF LIABILITY INSURANCE

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

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	X		PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000
X	UNMANNED AIRCRAFT COVERAGE						MED EXP(ANY ONE PERSON) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
X	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 <input type="checkbox"/>						BODILY INJURY (Per Person)
	ALL OWNED AUTOS <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/>					BODILY INJURY (Per accident)
	HIRED AUTOS <input type="checkbox"/>	NON-OWNED AUTOS <input type="checkbox"/>					PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/>	OCCUR <input type="checkbox"/>					EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/>					AGGREGATE
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>					
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/> N		KSS1397419	07/01/2025	07/01/2026	X PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT \$1,000,000
	(Mandatory in NH)						E.L. DISEASE – EA EMPLOYEE \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) – CLAIMS MADE <input type="checkbox"/>			PAL1256082.1602596-09	07/01/2025	07/01/2026	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, Colton Grover, Shakeem Mcilwain  
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	
Proof of insurance		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
		AUTHORIZED REPRESENTATIVE Anthony Eardley 	

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							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
X	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)
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	EXCESS LIAB		CLAIMS-MADE				AGGREGATE
	DED	RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	Y/N <input checked="" type="checkbox"/> N		KSS1397419	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT \$1,000,000
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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.	
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	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:									
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B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	Y/N			KSS1397419	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE	OTHER	
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	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PROJECT	<input type="checkbox"/>	LOC		PRODUCTS-COMP/OP AGG	\$2,000,000	
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D.R. Horton, Inc. Atlanta Central Division Office 3715 Northside Parkway Suite 2-300 Atlanta, 30327		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
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DATE (MM/DD/YYYY)

07/01/2025

# 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 endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

COVERAGE	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		X	PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/>	X OCCUR					DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000
X	UNMANNED AIRCRAFT COVERAGE						MED EXP(ANY ONE PERSON) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
X	POLICY <input type="checkbox"/>	PROJECT <input type="checkbox"/>	LOC <input type="checkbox"/>				PRODUCTS-COMP/OP AGG \$2,000,000
	OTHER:						
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per Person)
	ALL OWNED AUTOS <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/>					BODILY INJURY (Per accident)
	HIRED AUTOS <input type="checkbox"/>	NON-OWNED AUTOS <input type="checkbox"/>					PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/>	OCCUR <input type="checkbox"/>					EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/>					AGGREGATE
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>					
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>		KSS1397419	07/01/2025	07/01/2026	X PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N <input checked="" type="checkbox"/>					E.L. EACH ACCIDENT \$1,000,000
	(Mandatory in NH)						E.L. DISEASE – EA EMPLOYEE \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) – CLAIMS MADE <input type="checkbox"/>			PAL1256082.1602596-09	07/01/2025	07/01/2026	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, Colton Grover, Shakeem Mcilwain  
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
Lennar 11560 Great Oaks Way Suite 100A Alpharetta, Ga. 30022	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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DATE (MM/DD/YYYY)

07/01/2025

# CERTIFICATE OF LIABILITY INSURANCE

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

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A <input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	X		PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000
X	UNMANNED AIRCRAFT COVERAGE						MED EXP(ANY ONE PERSON) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
X	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 <input type="checkbox"/>						BODILY INJURY (Per Person)
	ALL OWNED AUTOS <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/>					BODILY INJURY (Per accident)
	HIRED AUTOS <input type="checkbox"/>	NON-OWNED AUTOS <input type="checkbox"/>					PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/>	OCCUR <input type="checkbox"/>					EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/>					AGGREGATE
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>					
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/> N		KSS1397419	07/01/2025	07/01/2026	X PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT \$1,000,000
	(Mandatory in NH)						E.L. DISEASE – EA EMPLOYEE \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) – CLAIMS MADE <input type="checkbox"/>			PAL1256082.1602596-09	07/01/2025	07/01/2026	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, Colton Grover, Shakeem Mcilwain  
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	
Ballantry PMC Belmont, LLC 4770 S Atlanta Rd Suite 100 Atlanta GA 30339		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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DATE (MM/DD/YYYY)

07/01/2025

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

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
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A <input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	X		PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000
X	UNMANNED AIRCRAFT COVERAGE						MED EXP(ANY ONE PERSON) \$5,000
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X	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	Y/N <input checked="" type="checkbox"/> N		KSS1397419	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT \$1,000,000
	(Mandatory in NH)						E.L. DISEASE – EA EMPLOYEE \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) – CLAIMS MADE			PAL1256082.1602596-09	07/01/2025	07/01/2026	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, Colton Grover, Shakeem Mcilwain  
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	
O'Dwyer Properties 4271 Thompson Mill Road Buford, GA 30519		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**  
**THIS LICENSE EXPIRES 12/31/2026**

Business Owner: CONLEY HOME INSPECTIONS LLC  
DBA: CONLEY HOME INSPECTIONS LLC  
Address: 8189 WILLOW TREE WAY  
City, State Zip: ALPHARETTA GA 30005

Account ID: 14195

Comments: HOME INSPECTIONS

Phone Number: 770-289-6650

Classification: HOME BASED

Date Issued: 01/05/2026

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**

KEEP THIS COPY  
FOR YOUR  
RECORDS

**City of Alpharetta, Georgia  
Occupational Tax Certificate Business**  
**12/31/2026**

License Number  
5493

Business Owner: CONLEY HOME INSPECTIONS LLC  
DBA: CONLEY HOME INSPECTIONS LLC  
Address: 8189 WILLOW TREE WAY  
City, State Zip: ALPHARETTA GA 30005

Account ID: 14195

Classification: HOME BASED

Phone Number: 770-289-6650

Date Issued: 01/05/2026

ADMINISTRATION FEE  
HOME BASED  
**Total Received.....**

75.00  
155.00  
230



# 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.*



**LISA ALAJUAN GROUX**  
ASHI PRESIDENT



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

The signature is handwritten in black ink, appearing to read "Peter Fagan, ACI".

**PETER FAGAN, ACI**  
ACC CHAIRPERSON

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 29, 2025

Kellen Peak  
[Conley Home Inspections, LLC](#)

Mailing Address  
515 Old Magnolia Trail  
Conyers, Georgia 30115

**E-mail address :** [rpeak17@gmail.com](mailto:rpeak17@gmail.com)

**Record type :** Certified Inspector

**Phone number :** [770-289-6650](tel: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 1/11/2018 and your membership number is 264554. Your ASHI membership is valid through 09/30/2026.

Please contact me if any further information is required. Thank you for your membership in ASHI!

Regards,

A handwritten signature in black ink, appearing to read "Susan Lane".

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 14th day of June 2022.



  
Linda Parker

ASHI President

  
Bobbi Jo

ACC Chair



## AMERICAN SOCIETY OF HOME INSPECTORS

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

September 29, 2025

**Tyler Conley**  
[Conley Home Inspections, LLC](#)  
Mailing Address  
8189 Willow Tree Way  
Alpharetta, Georgia 30005  
**E-mail address :** [tylerrobertconley@gmail.com](mailto:tylerrobertconley@gmail.com)  
**Record type :** Certified Inspector  
**Phone number :** [770-289-6650](tel:770-289-6650)  
**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 4/27/2022 and your membership number is 269299. Your ASHI membership is valid through 09/30/2026.

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®

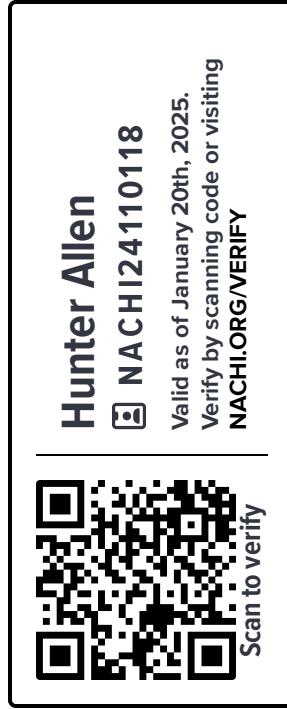
*Let it be known by this certificate that*

# 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.



# 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



# Certified Professional Inspector®

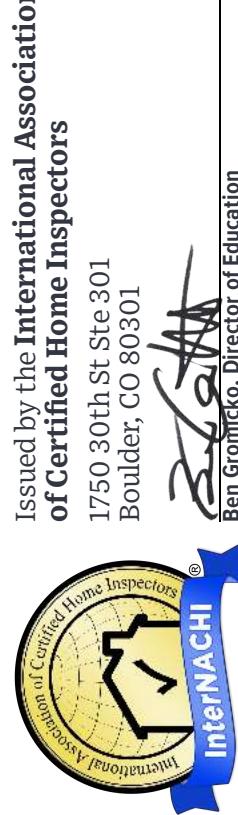
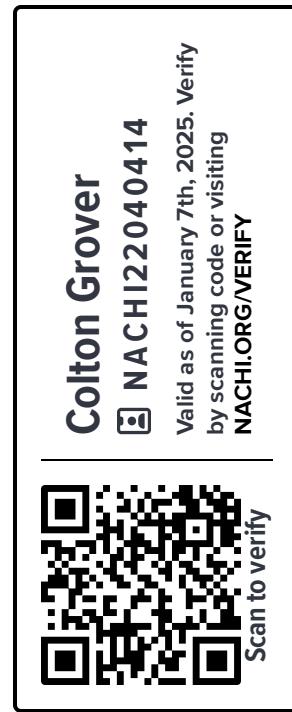
*Let it be known by this certificate that*

# 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.



# Certified Professional Inspector®

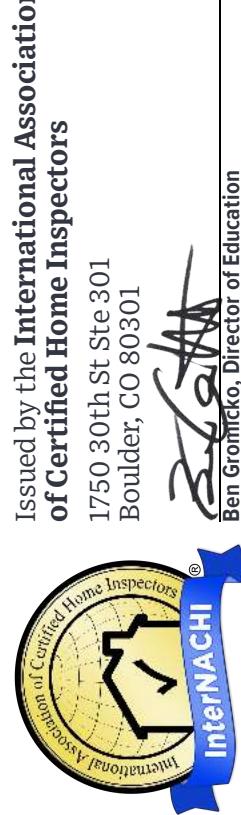
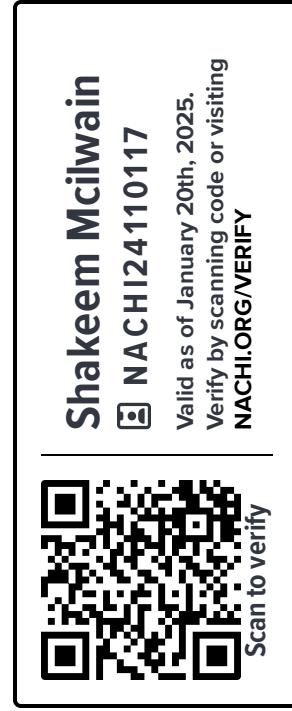
*Let it be known by this certificate that*

# 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.





# AMERICAN SOCIETY OF HOME INSPECTORS

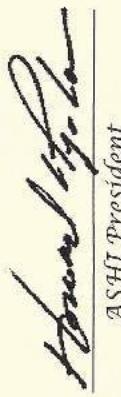
Hereby certifies that

## 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.



A handwritten signature in black ink, appearing to read "Howard H. Johnson".

ASHI President



A handwritten signature in black ink, appearing to read "Howard H. Johnson".

ACC Chair



## AMERICAN SOCIETY OF HOME INSPECTORS

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

October 2, 2025

Rob Conley  
[Conley Home Inspections, LLC](#)  
Mailing Address  
8189 Willow Tree Way  
Alpharetta, Georgia 30005  
**E-mail address :** [robconley@conleyhomeinspections.com](mailto:robconley@conleyhomeinspections.com)  
**Record type :** Certified Inspector  
**Phone number :** [770-289-6650](tel: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 9/16/2014 and your membership number is 257097. Your ASHI membership is valid through 09/30/2026.

Please contact me if any further information is required. Thank you for your membership in ASHI!

Regards,

A handwritten signature in black ink that reads "Susan Lane". The signature is fluid and cursive, with "Susan" on top and "Lane" on the line below it.

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

# Certified Professional Inspector®

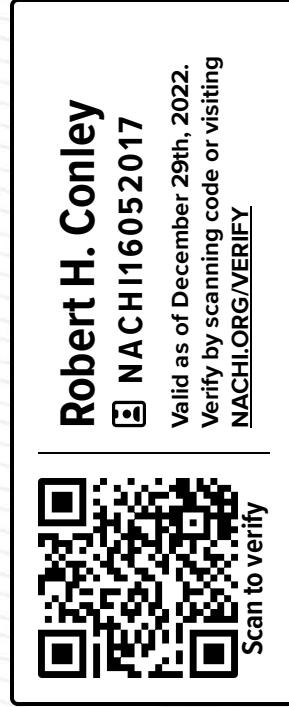
*Let it be known by this certificate that*

# Robert H. Conley

*has earned the designation of  
Certified Professional Inspector®*

*from the  
International Association of Certified Home Inspectors®*

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



Issued by the International Association  
of Certified Home Inspectors

1750 30th St Ste 301  
Boulder, CO 80301

  
Ben Gromicko, Director of Education





# 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



  
Cindy Davis, CBO  
President, Board of Directors

  
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/).

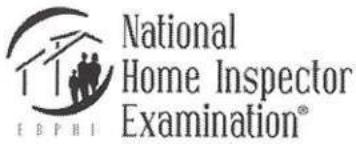
*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:*

[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

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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<sup>®</sup>



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, thereto 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  
hereeto 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. Newby Dooley  
CHANCELLOR

President

John E. Imbaffett



Frank C. Murphy  
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
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**REGISTERED AGENT**

NAME	ADDRESS	COUNTY
Robert Hugh Conley, Jr.	8189 Willow Tree Way, Alpharetta, GA, 30005, USA	Fulton

**AUTHORIZER INFORMATION**

AUTHORIZER SIGNATURE	Robert Conley
AUTHORIZER TITLE	Organizer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/13/2025

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).

PRODUCER <b>State Farm</b> 	Lasha Hammett 11795 Northfall Lane #602		CONTACT NAME: Lasha Hammett PHONE (A/C, No, Ext): 770-733-1135 E-MAIL ADDRESS: lasha.hammett.yzv0@statefarm.com	FAX (A/C, No):
	Alpharetta	GA 30009	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  Conley, Robert 8189 WILLOW TREE WAY  ALPHARETTA GA 300054164			INSURER A: State Farm Mutual Automobile Insurance Company	25178
			INSURER B:	
			INSURER C:	
			INSURER D:	
			INSURER E:	
			INSURER F:	

## 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 CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	OTHER:						MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	D49 1836-B13-11 C50 4767-B13-11B	08/13/2025	02/13/2026	PERSONAL & ADV INJURY	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					GENERAL AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$					PRODUCTS - COMP/OP AGG	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y / N N / A		COMBINED SINGLE LIMIT (Ea accident)	\$	
	BODILY INJURY (Per person)	\$ 250,000						
	BODILY INJURY (Per accident)	\$ 500,000						
	PROPERTY DAMAGE (Per accident)	\$ 100,000						
	\$							
		EACH OCCURRENCE	\$					
		AGGREGATE	\$					
			\$					
		PER STATUTE	OTHE- R	\$				
		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

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