



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2025

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 Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	CONTACT NAME: Carrie Joubert PHONE: 801-610-2734 FAX: EMAIL ADDR: carriej@inspectorprotect.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Republic-Vanguard Insurance Company INSURER B: AmTrust Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC 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	X		PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> 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
	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
	AUTOMOBILE LIABILITY						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 <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		KSS1397419	07/01/2025	07/01/2026	X PER STATUTE OTHER
							E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) - 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 Proof of insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Anthony Eardley
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2025

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 Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	CONTACT NAME: Carrie Joubert PHONE: 801-610-2734 FAX: EMAIL ADDR: carriej@inspectorprotect.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Republic-Vanguard Insurance Company INSURER B: AmTrust Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC 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	X		PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> 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
	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
	AUTOMOBILE LIABILITY						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	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		KSS1397419	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) - 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**

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
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2025

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

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
	<input type="checkbox"/> 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
	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
	AUTOMOBILE LIABILITY						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	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		KSS1397419	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) - 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**

D.R. Horton, Inc.
1371 Dogwood Drive
SW Conyers, GA 30012

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2025

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 Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	CONTACT NAME: Carrie Joubert PHONE: 801-610-2734 FAX: EMAIL ADDR: carriej@inspectorprotect.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Republic-Vanguard Insurance Company INSURER B: AmTrust Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC 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	X		PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> 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
	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
	AUTOMOBILE LIABILITY						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 <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		KSS1397419	07/01/2025	07/01/2026	X PER STATUTE OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) - 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 D.R. Horton, Inc. Atlanta Central Division Office 3715 Northside Parkway Suite 2-300 Atlanta, 30327	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Anthony Eardley
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2025

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 Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	CONTACT NAME: Carrie Joubert PHONE: 801-610-2734 FAX: EMAIL ADDR: carriej@inspectorprotect.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Republic-Vanguard Insurance Company INSURER B: AmTrust Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC 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	X		PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> 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
	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
	AUTOMOBILE LIABILITY						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	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		KSS1397419	07/01/2025	07/01/2026	X PER STATUTE OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) - 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**

TPG HOMES FS, LLC 11340 Lakefield Drive Suite 140 Johns Creek, 30097	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
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2025

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 Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	CONTACT NAME: Carrie Joubert PHONE: 801-610-2734 FAX: EMAIL ADDR: carriej@inspectorprotect.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Republic-Vanguard Insurance Company INSURER B: AmTrust Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC 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	X		PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> 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
	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
	AUTOMOBILE LIABILITY						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	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		KSS1397419	07/01/2025	07/01/2026	X PER STATUTE OTHER
							E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) - 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 Lennar 11560 Great Oaks Way Suite 100A Alpharetta, Ga. 30022	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Anthony Eardley
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2025

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 Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	CONTACT NAME: Carrie Joubert PHONE: 801-610-2734 FAX: EMAIL ADDR: carriej@inspectorprotect.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Republic-Vanguard Insurance Company INSURER B: AmTrust Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC 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	X		PAL1256082.1602596-09	07/01/2025	07/01/2026	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> 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
	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
	AUTOMOBILE LIABILITY						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 <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		KSS1397419	07/01/2025	07/01/2026	X PER STATUTE OTHER
							E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) - 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 Ballantry PMC Belmont, LLC 4770 S Atlanta Rd Suite 100 Atlanta GA 30339	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Anthony Eardley
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2025

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 Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	CONTACT NAME: Carrie Joubert PHONE: 801-610-2734 FAX: EMAIL ADDR: carriej@inspectorprotect.com														
INSURED Conley Home Inspections, LLC DBA Conley Property Inspections 8189 Willow Tree Way Alpharetta, GA 30005	<table border="1"><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC</td></tr><tr><td>INSURER A : Republic-Vanguard Insurance Company</td><td>40479</td></tr><tr><td>INSURER B : AmTrust Insurance Company</td><td>15954</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC	INSURER A : Republic-Vanguard Insurance Company	40479	INSURER B : AmTrust Insurance Company	15954	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC														
INSURER A : Republic-Vanguard Insurance Company	40479														
INSURER B : AmTrust Insurance Company	15954														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

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
	<input type="checkbox"/> 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
	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
	AUTOMOBILE LIABILITY						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	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		KSS1397419	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
A	PROFESSIONAL (E&O) - 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**

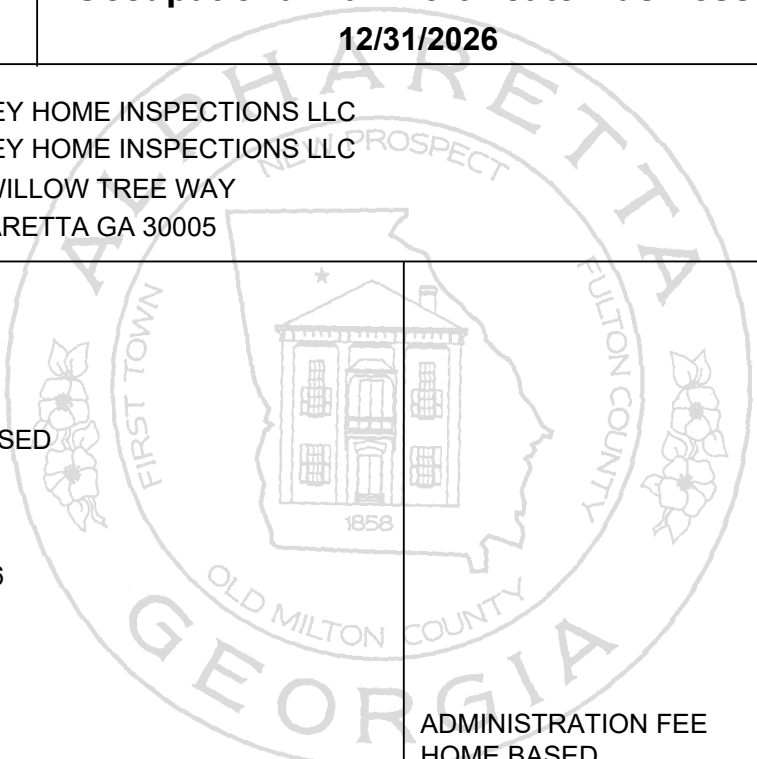
O'Dwyer Properties
4271 Thompson Mill Road
Buford, GA 30519

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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 Phone Number: 770-289-6650	
Classification: HOME BASED Date Issued: 01/05/2026		ADMINISTRATION FEE 75.00 HOME BASED 155.00 Total Received..... 230



CERTIFIED
INSPECTOR

ASHI 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.

A stylized signature in black ink.

PETER FAGAN, ACI
ACC CHAIRPERSON



**AMERICAN SOCIETY OF
HOME INSPECTORS**

A stylized signature in black ink.

LISA ALAJAJIAN GIROUX
ASHI PRESIDENT

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





AMERICAN SOCIETY OF HOME INSPECTORS

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

September 29, 2025

Kellen Peak

[Conley Home Inspections, LLC](#)

Mailing Address

[515 Old Magnolia Trail](#)

[Canton, Georgia 30115](#)

E-mail address : rkpeak17@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,

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 | www.HomeInspector.org | 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

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.



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

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.



Greg Shuman, ACI

ACC Chair

Howard W. Lee

ASHI President



AMERICAN SOCIETY OF HOME INSPECTORS

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

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,

Susan Lane

Membership Director

932 Lee Street Suite 101 Des

Plaines IL 60016 Tel.

847-954-3185 Fax 847-

759-1620 susanl@ashi.org

Certified Professional Inspector®

Let it be known by this certificate that

Robert H. Conley

has earned the designation of

Certified Professional Inspector®

from the

International Association of Certified Home Inspectors®

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



Issued by the **International Association
of Certified Home Inspectors**

1750 30th St Ste 301
Boulder, CO 80301

Ben Gromicko, Director of Education



Scan to verify

Robert H. Conley

📄 **NACHI16052017**

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



INTERNATIONAL CODE COUNCIL

ROBERT CONLEY

The International Code Council attests that the individual named on this certificate has satisfactorily demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as:

Residential Building Inspector

Given this day March 6, 2015

Certificate No. 8340202

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.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of your wallet card and/or certificate not being received. There may be an additional fee if a certification is re-issued due to a misspelled name or incorrect address. Please note that name changes may require additional information.

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

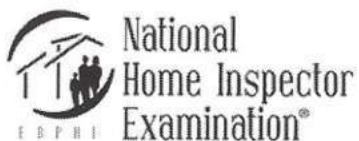
For international exams: Please go to www.pearsonvue.com/icc/cert/contact/.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate*

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: **278429153**

Validation Number: **71747886**



Examination Board of Professional Home Inspectors
Score Report

260063981

Examination Date: 11/26/2013

Examination: National Home Inspector Examination

ROBERT HUGH CONLEY
8189 WILLOW TREE WAY
ALPHARETTA, GEORGIA 30005



The following is an analysis of your examination:

Portion: National Home Inspector Examination

Congratulations! You have passed the Examination Board of Professional Home Inspectors Exam.

Passing Scaled Score: 500

Your Scaled Score: 688

Examination Result: PASS

If you took this examination to qualify for licensing or other regulation in your state, contact the appropriate state authority to grant your license or other document.

If you took this examination to qualify for membership in a professional organization, contact that body for further instructions.



Let It Be Known by This Certificate That

Rob Conley

Is a Certified Master Inspector®



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

Nick Gromicko
Nick Gromicko, Founder

The President and Faculty
of
The Georgia Institute of Technology

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



GEORGIA TECH 1885-1985

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)

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

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



This form was system-generated on 07/30/2025

© 1988-2015 ACORD CORPORATION. All rights reserved.