ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2026

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

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PRODUCER	CONTACT NAME: Carrie Joubert	
Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Suite 500 Lehi UT 84048	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	X COMMERCIAL GENERAL LIABILITY	X		PAL1256082.1602596-10	07/01/2026	07/01/2027	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	$100,000
							MED EXP(ANY ONE PERSON)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PROJECT 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 / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / 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			KSS1450495	07/01/2026	07/01/20247	X PER STATUTE OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N						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)**			PAL1256082.1602596-10	07/01/2026	07/01/2027	Per Claim Limit	$300,000
							Aggregate	$300,000

DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)

Coverage A Unmanned Aircraft Liability Aggregate Limit: $2,000,000, 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.
8800 Roswell Road, Bldg. B, Suite 100
Atlanta, GA 30350

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Anthony Eardley

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	X POLICY PROJECT 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 / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
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	DED RETENTION $							
B	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY** Y/N			KSS1450495	07/01/2026	07/01/20247	X PER STATUTE OTHER	
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DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)

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CERTIFICATE HOLDER

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

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Anthony Eardley

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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PROJECT LOC						PRODUCTS-COMP/OP AGG	$2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
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D.R. Horton, Inc.
Atlanta Central Division Office
3715 Northside Parkway, Suite 2-300
Atlanta, 30327

CANCELLATION

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CERTIFICATE HOLDER

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

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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CERTIFICATE HOLDER

Lennar
11560 Great Oaks Way, Suite 100A
Alpharetta, Ga. 30022

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							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PROJECT 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 / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / 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			KSS1450495	07/01/2026	07/01/20247	X PER STATUTE OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N						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)**			PAL1256082.1602596-10	07/01/2026	07/01/2027	Per Claim Limit	$300,000
							Aggregate	$300,000

DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)

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

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2026

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, Suite 500 Lehi UT 84048	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	X COMMERCIAL GENERAL LIABILITY	X		PAL1256082.1602596-10	07/01/2026	07/01/2027	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	$100,000
							MED EXP(ANY ONE PERSON)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PROJECT 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 / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / 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			KSS1450495	07/01/2026	07/01/20247	X PER STATUTE OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N						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)**			PAL1256082.1602596-10	07/01/2026	07/01/2027	Per Claim Limit	$300,000
							Aggregate	$300,000

DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)

Certificate Holder is listed as an Additional Insured on the General Liability with respects to inspections completed by the Named Insured.

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Anthony Eardley

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POST IN A CONSPICUOUS PLACE

CITY OF ALPHARETTA, GEORGIA

2 PARK PLAZA
678-297-6086

License Number 5493

Occupational Tax Certificate Business

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
Phone Number: 770-289-6650

Comments: HOME INSPECTIONS

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
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.

PETER FAGAN, ACI
ACC CHAIRPERSON

NCCA ACCREDITED PROGRAM

AMERICAN SOCIETY OF HOME INSPECTORS

LISA ALAJAJIAN GIROUX
ASHI PRESIDENT

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

AMERICAN SOCIETY OF HOME INSPECTORS
www.ASHI.org | 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
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 HEIGHT WEIGHT HAIR EYES
M 68 160 BROWN HAZEL
IX HAS BEEN FOUND PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF
II REMOTE PILOT
III CERTIFICATE NUMBER 4509990
X DATE OF ISSUE 3 MAY 2021
XIV
VIII ADMINISTRATOR
U
A
S

KELLEN SCOTT PEAK
4509990
XII RATINGS
REMOTE PILOT
SMALL UNMANNED AIRCRAFT SYSTEM
XIII LIMITATIONS
VII SIGNATURE
OF HOLDER
U
A
S

American Society of Home Inspectors

Hereby certifies that

Tyler Conley

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

ASHI Certified Inspector, ACI

and is entitled to all the rights, privileges and benefits thereof, in accordance with provisions of ASHI's Bylaws, this 14th day of June 2022.

ACC Chair

ASHI President

ASHI Certification Committee
AMERICAN SOCIETY OF HOME INSPECTORS

NCCA ACCREDITED PROGRAM

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
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.

ACC Chair

ASHI President

ASHI Certification Committee
AMERICAN SOCIETY OF HOME INSPECTORS

NCCA ACCREDITED PROGRAM

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
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

Cindy Davis, CBO
President, Board of Directors

Dominic Sims, CBO
Chief Executive Officer

Certificate No. 8340202

INTERNATIONAL CODE COUNCIL, INC. CERTIFIED

Expires October 20, 2024

This certificate is the property of ICC and must be returned to ICC in the event of suspension or revocation of the certificate.

INTERNATIONAL CODE COUNCIL

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***

National Home Inspector Examination®

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®

Nick Gromicko, Founder

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

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. Dean Propst
CHANCELLOR

SEAL OF THE GEORGIA INSTITUTE OF TECHNOLOGY · 1885 ·

John Patrick
PRESIDENT

Frank E. Roper
REGISTRAR

GT
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

State Farm

Lasha Hammett
11795 Northfall Lane #602
Alpharetta GA 30009

CONTACT NAME: Lasha Hammett
PHONE (A/C, No, Ext): 770-733-1135 **FAX (A/C, No):**
E-MAIL ADDRESS: lasha.hammett.yzv0@statefarm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Mutual Automobile Insurance Company	25178
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

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** ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ 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** ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ 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) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ 250,000 $ 500,000 $ 100,000 $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 .

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2026

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

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PRODUCER	CONTACT NAME: Carrie Joubert	
Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Suite 500 Lehi UT 84048	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	X COMMERCIAL GENERAL LIABILITY	X		PAL1256082.1602596-10	07/01/2026	07/01/2027	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	$100,000
							MED EXP(ANY ONE PERSON)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PROJECT 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 / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / 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			KSS1450495	07/01/2026	07/01/20247	X PER STATUTE OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N						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)**			PAL1256082.1602596-10	07/01/2026	07/01/2027	Per Claim Limit	$300,000
							Aggregate	$300,000

DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)

Coverage A Unmanned Aircraft Liability Aggregate Limit: $2,000,000, 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

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