



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/27/2024

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

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

<b>PRODUCER</b> Citadel Insurance Services, LC 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	<b>CONTACT NAME:</b> Carrie Joubert														
	<b>PHONE:</b> 801-610-2734	<b>FAX:</b>													
	<b>EMAIL ADDR:</b> carriej@inspectorprotect.com														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC</th> </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 :
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**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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAL1256082.1602596-08	7/1/2024	7/1/2025	EACH OCCURRENCE    \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE)    \$100,000 MED EXP(ANY ONE PERSON)    \$5,000 PERSONAL & ADV INJURY    \$1,000,000 GENERAL AGGREGATE    \$2,000,000 PRODUCTS-COMP/OP AGG    \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per Person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			KSS1359162	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT    \$1,000,000 E.L. DISEASE - EA EMPLOYEE    \$1,000,000 E.L. DISEASE - POLICY LIMIT    \$1,000,000
A	<b>Professional (E&amp;O)</b>			PAL1256082.1602596-08	7/1/2024	7/1/2025	Per Claim Limit    \$300,000 Aggregate    \$300,000

**DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)**  
 Insured / Inspector(s): Robert Conley Hunter Allen, Tyler Conley, Corey Guhl, Kellen Peak

<b>CERTIFICATE HOLDER</b> TPG HOMES FS, LLC 11340 Lakefield Drive Suite 140 Johns Creek, 30097	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Anthony Eardley

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POST IN A  
CONSPICUOUS  
PLACE

**CITY OF ALPHARETTA, GEORGIA**  
2 PARK PLAZA  
678-297-6086

License  
Number  
5493

**Occupational Tax Certificate Business Registration**  
THIS LICENSE EXPIRES **12/31/2024**

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

ID: 14195

Phone Number: 770-289-6650

Comments: HOME INSPECTIONS

Classification: HOME BASED

Date Issued: 12/29/2023

CONLEY HOME INSPECTIONS LLC  
8189 WILLOW TREE WAY  
ALPHARETTA, GA 30005

**This License is NOT Transferable and subject to be REVOKED if abused.**

# AMERICAN SOCIETY OF HOME INSPECTORS



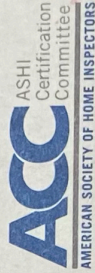
Hereby certifies that

**Kellen Peak**

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 25th day of March 2019.



ACC Chair

ASHI President



## AMERICAN SOCIETY OF HOME INSPECTORS

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

September 26, 2024

Kellen Peak  
Conley Home Inspections  
515 old magnolia trail  
Canton GA 30115  
UNITED STATES  
**E-mail address :** [Kpeak17@gmail.com](mailto:Kpeak17@gmail.com)  
**Record type :** Certified Inspector  
**Phone number :** 770-289-6650  
**Member number :** 264554

Dear Kellen,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are a **Certified Inspector** in good standing since 01/11/2018 and your membership number is 264554 Your ASHI membership is valid through 09/30/2025.

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

Regards,

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

**I UNITED STATES OF AMERICA XI**  
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

**IV NAME**  
KELLEN SCOTT PEAK

**V ADDRESS** 515 OLD MAGNOLIA TRL  
CANTON GA 30115-7979

**VI NATIONALITY** USA      **SEX** HEIGHT WEIGHT HAIR      **EYES**  
IVa D.O.B. 18 JUN 1986      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** *Steve Disher*

**VIII ADMINISTRATOR**



KELLEN SCOTT PEAK      **XII RATINGS**      4509990

REMOTE PILOT      SMALL UNMANNED AIRCRAFT SYSTEM      **XIII LIMITATIONS**

**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.*



ACC Chair

ASHI President



## AMERICAN SOCIETY OF HOME INSPECTORS

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

September 26, 2024

Tyler R Conley  
Conley  
714 Dogwood Lake Trail  
Alpharetta GA 30004  
UNITED STATES  
**E-mail address :** [Tylerrbertconley@gmail.com](mailto:Tylerrbertconley@gmail.com)  
**Record type :** Certified Inspector  
**Phone number :** 321-266-9391  
**Member number :** 269299

Dear Tyler,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are a **Certified Inspector** in good standing since 04/27/2022 and your membership number is 269299 Your ASHI membership is valid through 09/30/2025.

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

Regards,

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

# Certified Professional Inspector®

*Let it be known by this certificate that*

# Corey Guhl

*has earned the designation of*  
**Certified Professional Inspector®**

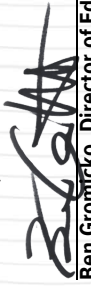
*from the*  
**International Association of Certified Home Inspectors®**

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](http://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.



*Scott Swann ACI*

ACC Chair

*Howard H. ...*

ASHI President



## AMERICAN SOCIETY OF HOME INSPECTORS

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

September 26, 2024

Rob Conley  
Conley Home Inspections, LLC  
8189 Willow Tree Way  
Alpharetta GA 30005  
UNITED STATES  
**E-mail address :** [robconley@comcast.net](mailto:robconley@comcast.net)  
**Record type :** Certified Inspector  
**Phone number :** 770-289-6650  
**Member number :** 257097

Dear Rob,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are a **Certified Inspector** in good standing since 09/16/2014 and your membership number is 257097 Your ASHI membership is valid through 09/30/2025.

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

Regards,

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

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



# INTERNATIONAL CODE COUNCIL

## ROBERT CONLEY

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

### **Residential Building Inspector**

*Given this day March 6, 2015*

Certificate No. 8340202

Handwritten signature of Cindy Davis in cursive.

**Cindy Davis, CBO**  
President, Board of Directors

Handwritten signature of Dominic Sims in cursive.

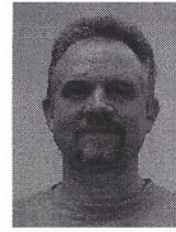
**Dominic Sims, CBO**  
Chief Executive Officer



*Expires October 20, 2024*



## Residential Building Inspector



Candidate ID: ICC00221556

Name: Robert Conley

Date: 3/6/2015

Address: 8189 Willow Tree Way

Alpharetta GA 30005

### EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. Your wallet card will be forwarded to you by ICC within six weeks from the last day of the month in which you tested. This certification is current for three years.

You may request a wall certificate from ICC as well. This certificate will be provided at no cost to you, if you request it within 90 days of your exam. Only one wall certificate per exam passed will be provided to you at no charge. For more information on requesting a wall certificate, go to [www.iccsafe.org/inspector](http://www.iccsafe.org/inspector).

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

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

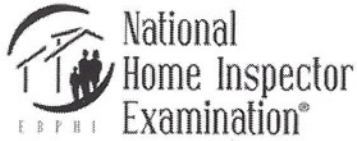
**For international exams:** Please go to [www.pearsonvue.com/icc/cert/contact/](http://www.pearsonvue.com/icc/cert/contact/).

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

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

Registration Number: 278429153

Validation Number: 71747886



Examination Board of Professional Home Inspectors  
Score Report

260063981

Examination Date: 11/26/2013

Examination: National Home Inspector Examination

ROBERT HUGH CONLEY  
8189 WILLOW TREE WAY  
ALPHARETTA, GEORGIA 30005



The following is an analysis of your examination:

**Portion: National Home Inspector Examination**

---

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

Passing Scaled Score: 500

Your Scaled Score: 688

Examination Result: PASS

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

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



Let It Be Known by This Certificate That

*Rob Conley*

Is a Certified Master Inspector®



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

*Nick Gromicko*  
Nick Gromicko, Founder



The President and Faculty  
of  
The Georgia Institute of Technology

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



*J. M. Little*  
PRESIDENT

*Frank E. Lopez*  
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

<b>CONTROL NUMBER</b>	14041434
<b>BUSINESS NAME</b>	Conley Home Inspections, LLC
<b>BUSINESS TYPE</b>	Domestic Limited Liability Company
<b>EFFECTIVE DATE</b>	01/06/2024
<b>ANNUAL REGISTRATION PERIOD</b>	2024, 2025, 2026

#### PRINCIPAL OFFICE ADDRESS

<b>ADDRESS</b>	8189 Willow Tree Way, Alpharetta, GA, 30005, USA
----------------	--

#### REGISTERED AGENT

<b>NAME</b>	<b>ADDRESS</b>	<b>COUNTY</b>
Robert Hugh Conley, Jr.	8189 Willow Tree Way, Alpharetta, GA, 3005, USA	Fulton

#### AUTHORIZER INFORMATION

<b>AUTHORIZER SIGNATURE</b>	Robert Conley
<b>AUTHORIZER TITLE</b>	Organizer




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/12/2024

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<b>PRODUCER</b>  Lasha Hammett Agency State Farm 3155 North Point Pkwy, Ste E130 Alpharetta, GA 30005-5481	<b>CONTACT NAME:</b> Lasha Hammett <b>PHONE (A/C, No, Ext):</b> 770-733-1135 <b>E-MAIL ADDRESS:</b> lasha@hammettsinsurance.com	<b>FAX (A/C, No):</b> 404-418-7008
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Conley, Robert 8189 Willow Tree Way Alpharetta, GA 30005-4164	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <input checked="" type="checkbox"/>	<b>INSURER B:</b> <input checked="" type="checkbox"/>
	<b>INSURER C:</b> <input checked="" type="checkbox"/>	<b>INSURER D:</b> <input checked="" type="checkbox"/>
	<b>INSURER E:</b> <input checked="" type="checkbox"/>	<b>INSURER F:</b> <input checked="" type="checkbox"/>

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

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

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	D49 1836-B13-11 C50 4767-A12-11A	02/13/2024 01/12/2024	08/13/2024 07/12/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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)**

2014 Ford Expedition policy: Principal Operator -- Robert Conley  
 2012 Ford F150 policy: Principal Operator -- Tyler R Conley; Assigned Driver -- Robert Conley

**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

Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.

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