



P.O. Box 2598, Decatur, GA 30031

www.inspection-company.com

404-655-8179

SUMMARY OF CREDENTIALS

- (i) Michael Collins-Smythe, president of The Inspection Company, LLC, certified home inspector. Bachelor of Arts in Business, Oglethorpe University 1994. Graduate of the National Home Inspection Institute, March 2002.
- (ii) Certified Inspector, American Society of Home Inspectors, membership number 211023. State delegate ASHI National Leadership School 2008 and 2010. ASHI National 2010 and 2011 Membership Committee. 2011 Inspection World, conference moderator.
- (iii) Georgia Chapter of the American Society of Home Inspectors. President, ASHI Georgia 2011-2012, Board of Directors, ASHI Georgia 2008-2012. ASHI Georgia President-Elect 2010. ASHI Georgia Chapter Treasurer 2009. Committee Member for the 2007, 2008, 2009, 2010, 2011 Southeastern Home Inspector Conference. Southeast Home Inspector Conference Treasurer 2009.
- (iv) International Code Council, formerly CABO, IRC Residential Combination Certification, membership number 5222542; Southern Building Code Congress International membership number 43466.
- (v) AARST Radon Testing Certification.
- (vi) The Inspection Company of Georgia, Inc. and The Inspection Company, LLC are registered corporations in the State of Georgia.
- (vii) The Inspection Company carries Professional General Liability Insurance through Nationwide Insurance and Great American E&S Insurance Company.
- (viii) Business License number 00179738, Dekalb County Georgia
- (i) www.inspection-company.com. 1345 Oakview Road, Decatur, GA. 404-655-8179 (tel).

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER
 May 22, 2015
 Allen Insurance Group
 304 MLK Jr. Drive
 Fort Valley, GA 31030

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY A Aspen Specialty Insurance Co.
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
 The Inspection Company of GA, Inc.
 1345 Oakview Road
 Decatur, GA 30030

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one persn) \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: INCL EXCL OTHER				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - CA EMPLOYEE \$
A	Professional Indemnity (Errors & Omissions) Claims Made Form	ASPC1SA5C-A15C 311117-0115 Limited Claims Reporting Period	05-28-2015	05-28-2016	\$100,000 Each Claim \$100,000 Aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Building Inspections - Realtors as Limited Additional Insureds.

CERTIFICATE HOLDER

Issued for informational purposes only.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL N/A DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Tricia A. Adams

NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

80321
RENEWAL

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: **ACP GLGO 2334804729**

Named Insured: **THE INSPECTION COMPANY OF GEORGIA, INC - DBA
THE INSPECTION COMPANY OF GEORGIA**

Address: **1499 BOULDER WALK DR SE
ATLANTA GA 30316-3989**

Agent: **Kearns Insurance Agency I 10-80321-001**
Address: **FAYETTEVILLE GA 30214 PRODUCER: KEARNS INS AGENCY INC**

Policy Period: From 12/15/14 to 12/15/15 12:01 A.M. standard time at the address of the named insured as stated herein.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000
EACH OCCURRENCE LIMIT	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (any one person)	\$	1,000

Retroactive Date (CG0002 only)

The Named Insured is: **CORPORATION**
Business of the Named Insured is: **INSPECTION COMPANIES**
Audit Period: **ANNUAL**

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM \$ 485.00M

Replacement or
Renewal Number **ACP GLGO2324804729**
A PACKAGE MODIFICATION FACTOR HAS BEEN APPLIED

Countersigned By _____
Authorized Representative

GL-D (10-98)
DIRECT BILL MACH 13290

INSURED COPY ACP GLGO 2334804729 810474822 23 0004750

INTERNATIONAL CODE COUNCIL

This is to certify that

Michael W Collins-Smythe

*the individual named is a member of the
International Code Council, a professional association dedicated to protecting
the health, safety and welfare of the public by making buildings safer.*

5222542

Membership No.

Certified

Membership Category

June 1, 2008

Date of Membership



Steven Shapiro
Steven I. Shapiro
President, Board of Directors

Richard P. Weiland
Richard P. Weiland
Chief Executive Officer



INCORPORATED UNDER THE LAWS OF THE STATE OF NEW YORK
American Society of Home Inspectors, Inc.

MEMBERSHIP CERTIFICATE

This is to Certify Michael Collins-Smythe is a MEMBER of the
American Society of Home Inspectors, Inc.

*a not-for-profit corporation incorporated under the Laws of the State of New York and is entitled to the full benefits and
privileges of such membership, subject to the duties and obligations, as more fully set forth in the Corporation's Bylaws,
Rules and Regulations.*

In Witness Whereof, The Corporation has caused this Certificate to be executed by its duly authorized officer this
First day of May, 2006, and its corporate seal to be hereunto affixed.


EXECUTIVE DIRECTOR


PRESIDENT

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

CONTROL NUMBER: 0623819
EFFECTIVE DATE: 03/17/2006
COUNTY : GEORGIA
REFERENCE : 0173
PRINT DATE : 04/03/2006
FORM NUMBER : 311

MICHAEL W. COLLINS - SMYTHE
1499 BOULDER WALK DRIVE
ATLANTA, GA 30316

CERTIFICATE OF INCORPORATION

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

THE INSPECTION COMPANY OF GEORGIA, INC.
A DOMESTIC PROFIT CORPORATION

has been duly incorporated under the laws of the State of Georgia on the effective date stated above by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



A handwritten signature in black ink, appearing to read 'Cathy Cox'.

Cathy Cox
Secretary of State