



1345 Oakview Road, Decatur, GA 30030

www.inspection-company.com

404-655-8179

SUMMARY OF CREDENTIALS

- (i) Michael Collins-Smythe, president of The Inspection Company of Georgia, Inc., 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. is a registered corporation in the State of Georgia.
- (vii) The Inspection Company carries Professional General Liability Insurance through Nationwide Insurance and Allen Insurance Group.
- (viii) Business License number: City of Decatur #030734
- (i) www.inspection-company.com. 1345 Oakview Road, Decatur, GA. 30030 | 404-655-8179 (tel).

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

April 23, 2018
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 COVERAGECOMPANY
ACOMPANY **B** Aspen Specialty Insurance Co.COMPANY
CCOMPANY
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				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$
					EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$
A	OTHER	ASPC18A8C-A18C-311117-0118	05-28-2018	05-28-2019	\$100,000	Each Claim
	Professional Indemnity (Errors & Omissions)				\$100,000	Aggregate
	Claims Made Form					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Building Inspections - Realtors are listed as additional insured.

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2018

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: Carolyn Kearns
ERNIE KEARNS AGENCY	PHONE (A/C, No. Ext): (770)461-3495
353 N Glynn St	FAX (A/C, No): (770)719-8080
Fayetteville, GA 30214	E-MAIL ADDRESS: kearnc2@nationwide.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Nationwide Insurance
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED	INSURER A: Nationwide Insurance	NAIC # 80321
The Inspection Company of Georgia, Inc.	INSURER B:	
1345 Oakview Road	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 20181 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.

INBR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Eg. occurrence) \$ 100,000
			ACP GLGO 2384804729	12/15/2017	12/15/2018	MED EXP (Any one person) \$ 1,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					
	ANY AUTO					COMBINED SINGLE LIMIT (Eg. accident) \$
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					
	EXCESS LIAB					EACH OCCURRENCE \$
	DED RETENTION \$					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			PER STATUTE OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					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
The Inspection Company of Georgia, Inc. dba The Inspection Company of Georgia 1345 Oakview Road Decatur, GA 30030-4200	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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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 I. 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