

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

WILTON SIMPSON  
COMMISSIONER

DIVISION OF LICENSING

07/21/25  
DATE ISSUED

07/21/28  
DATE OF EXPIRATION

A 3500147  
LICENSE NUMBER

BEACON INTERNATIONAL GROUP INC

3978 OAK HILL RD  
CHIPLEY, FL 32428

ORCHARD, MICHAEL V., OTHER  
FORRESTER, DENNIS B, OTHER

THE PRIVATE INVESTIGATIVE AGENCY NAMED ABOVE IS LICENSED AND REGULATED UNDER THE  
PROVISIONS OF CHAPTER 493, FLORIDA STATUTES.



WILTON SIMPSON  
COMMISSIONER



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/10/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 AMIS/Alliance Mktg. & Ins Serv CA Surplus Line Lic # 0K21904 355 Via Vera Cruz #7 San Marcos, CA 92078 Michelle A. Nowell	760-471-7116	CONTACT NAME: Michelle A Nowell PHONE (A/C, No, Ext): 760-471-7116 FAX (A/C, No): 760-471-9378 E-MAIL: mnowell@amiscorp.com ADDRESS:
		INSURER(S) AFFORDING COVERAGE INSURER A: StarStone Specialty Ins Comp
		NAIC # 44776
INSURED Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219	INSURER B: 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omission		WSGP000596	03/25/2025	03/25/2026	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					\$ 5,000,000				
PRODUCTS - COMP/OP AGG	\$ 1,000,000									
OTHER:	\$									
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		WSGP000596	03/25/2025	03/25/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	BODILY INJURY (Per person)					\$				
	BODILY INJURY (Per accident)					\$				
	PROPERTY DAMAGE (Per accident)					\$				
	OTHER:					\$				
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE	\$			
	CLAIMS-MADE					AGGREGATE	\$			
	DED <input type="checkbox"/> RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NE)					Y / N N / A			PER STATUTE	OTHE- R
	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)

FL License #: A3500147

Investigation

## CERTIFICATE HOLDER

## CANCELLATION

FLLIC-1  State of Florida Dept of Ag & Consumer Svcs Division of Licensing PO Box 6687 Tallahassee, FL 32314-6687	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 

# *State of Florida*

## *Department of State*

I certify from the records of this office that BEACON INTERNATIONAL GROUP INC is a corporation organized under the laws of Ohio, authorized to transact business in the State of Florida, qualified on January 18, 2011.

The document number of this corporation is F11000000281.

I further certify that said corporation has paid all fees due this office through December 31, 2011, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the First  
day of April, 2011*



*Secretary of State*



Authentication ID: **100200129761-040111-F11000000281**

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

# *State of Florida*

## *Department of State*

I certify from the records of this office that BEACON INVESTIGATIVE SOLUTIONS is a Fictitious Name registered with the Department of State on July 19, 2017.

The Registration Number of this Fictitious Name is G17000077632.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Twentieth day of July, 2017*



*Secretary of State*



Authentication ID: **000301575980-072017-G17000077632**

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<https://efile.sunbiz.org/certauthver.html>