

# State of Illinois

## Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.  
117.001573  
115.002271

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:  
08/31/2026

### LICENSED PRIVATE DETECTIVE AGENCY



BEACON INTERNATIONAL GROUP INC  
DBA BEACON INVESTIGATIVE SOLUT  
MICHAEL V ORCHARD  
4200 REGENT ST; STE 200  
COLUMBUS, OH 43219



MARIO TRETO, JR.  
SECRETARY

CECILIA ABUNDIS  
DIRECTOR

The official status of this license can be verified at [IDFPR.Illinois.gov](http://IDFPR.Illinois.gov)

18114393



Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3636285



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/10/2025

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 ADDRESS: mnowell@amiscorp.com
		INSURER(S) AFFORDING COVERAGE 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omission <input type="checkbox"/>		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	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:	PRODUCTS - COMP/OP AGG	\$ 1,000,000					
		\$					
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		WSGP000596	03/25/2025	03/25/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	SCHEDULED AUTOS					\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					\$	
	BODILY INJURY (Per person)					\$	
	BODILY INJURY (Per accident)					\$	
PROPERTY DAMAGE (Per accident)	\$						
	\$						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE	\$
	DED <input type="checkbox"/> RETENTION \$					AGGREGATE	\$
							\$
							\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N N / A				PER STATUTE	OTHE- R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

IL License #: 117.001573  
115.002271

Investigation

## CERTIFICATE HOLDER

## CANCELLATION

ILLIC-1   Illinois Division of Professional Regulation 320 West Washington St-3 FLOOR Springfield, IL 62786	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  



## OFFICE OF THE SECRETARY OF STATE

SPRINGFIELD, ILLINOIS 62756

6761-172-1

JESSE WHITE  
SECRETARY OF STATE

### ASSUMED NAME(S) RENEWAL

BEACON INTERNATIONAL GROUP INC

**FILED**

Dec 04, 2019

JESSE WHITE  
SECRETARY OF STATE

IN ACCORDANCE WITH THE BUSINESS CORPORATION ACT OF 1983, EFFECTIVE JULY 1, 1984, CORPORATE ASSUMED NAME(S) SHALL BE RENEWABLE FOR PERIODS OF FIVE YEARS EXPIRING IN YEARS EVENLY DIVISIBLE BY FIVE. THE FEE IS \$150.00 PER ASSUMED NAME FOR THE ENTIRE FIVE YEAR PERIOD.

LISTED BELOW, PLEASE FIND THE ASSUMED NAME(S) THAT YOU HAVE RENEWED.

\$150

BEACON INVESTIGATIVE SOLUTIONS

NAME: MICHAEL V ORCHARD

TITLE: DIRECTOR

DATE: Dec 04, 2019



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\$150

BEACON INVESTIGATIVE SOLUTIONS

NAME: MICHAEL V ORCHARD

TITLE: DIRECTOR

DATE: Dec 04, 2019



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OP ID: MN

DATE (MM/DD/YYYY)

03/21/2019

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PRODUCER AMIS/Alliance Mktg. & Ins Serv CA Surplus Line Lic # 0K21904 355 Via Vera Cruz #7 San Marcos, CA 92078 Michelle A. Nowell		CONTACT NAME: Michelle A Nowell PHONE (A/C, No, Ext): 760-471-7116 E-MAIL ADDRESS: mnowell@amiscorp.com PRODUCER CUSTOMER ID #: BEACO-2	FAX (A/C, No): 760-471-9378
INSURED	Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Acceptance Indemnity Ins Comp	20010
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

## COVERS

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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	GENERAL LIABILITY			CP00960544	03/25/2019	03/25/2020	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Errors & Omission						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC			PRODUCTS - COMP/OP AGG	\$ 1,000,000				
				\$				
A	AUTOMOBILE LIABILITY			CP00960544	03/25/2019	03/25/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$				
	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	Y/N				WC STATU- TORY LIMITS	OTH- ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>		E.L. EACH ACCIDENT	\$				
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - EA EMPLOYEE	\$				
			E.L. DISEASE - POLICY LIMIT	\$				

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

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## CERTIFICATE HOLDER

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Illinoi Division of Professional Regulation 320 West Washington St-3 FLOOR Springfield, IL 62786	ILLIC-1	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 <i>Michelle A. Nowell</i>

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**Form BCA-4.15/4.20**

(Rev. Jan. 2003)

Secretary of State  
 Department of Business Services  
 Springfield, IL 62756  
 217-782-9520  
 www.cyberdriveillinois.com

Remit payment in the form of a  
 check or money order, payable to  
 Secretary of State.

**Application to Adopt,  
 Change or Cancel an  
 Assumed Corporate Name**
**FILED****JAN 18 2011****JESSE WHITE  
 SECRETARY OF STATE**File #: 6761.172.1

DO NOT SEND CASH

This space for use by  
 Secretary of State.

Date:

Filing Fee: \$ 120-  
 (See Note Below)Approved: uji1. Corporate Name: Beacon International Group, Inc2. State or Country of Incorporation: OH

3. Date Incorporated (if an Illinois corporation) or Date Authorized to Transact Business in Illinois (if a foreign corporation):

Certificate of Authority pending 1-18, 2011  
 Month & Day Year

**Complete No. 4 and No. 5 if adopting or changing an assumed corporate name.**

4. Corporation intends to adopt and to transact business under the assumed corporate name of:

Beacon Investigative Solutions

5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until January 1, 2015, the first day of the corporation's anniversary month in the next year evenly divisible by five.

**Complete No. 6 if changing or cancelling an assumed corporate name.**

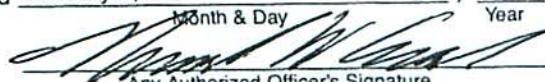
6. Corporation intends to cease transacting business under the assumed corporate name of:

7. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated January 6, 2011  
 Month & Day Year

Beacon International Group, Inc

Exact Name of Corporation



Any Authorized Officer's Signature

Michael V. Orchard President/CEO

Name and Title (type or print)

**NOTE:** The filing fee to adopt an assumed corporate name is \$150 if the current year ends with a 0 or 5; \$120 if the current year ends with a 1 or 6; \$90 if the current year ends with a 2 or 7; \$60 if the current year ends with a 3 or 8; or \$30 if the current year ends with a 4 or 9.

The fee for cancelling an assumed corporate name is \$5.

The fee to change an assumed name is \$25.