



Indiana Professional Licensing Agency
Private Investigator & Security Guard Board
402 W. Washington Street, W072
Indianapolis, IN 46204

Private Investigator Firm

License Number	Expire Date
PI21000525	10/01/2027

Beacon Investigative Solutions

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

The seal of the State of Indiana, featuring a circular design with a plow, a sheaf of wheat, and a sheaf of corn in the upper half, and a riverboat in the lower half, surrounded by the text "SEAL OF THE STATE OF INDIANA" and the year "1816".	Indiana Professional Licensing Agency 402 W. Washington Street, W072 Indianapolis, IN 46204
Private Investigator Firm	
License Number	Expire Date
PI21000525	10/01/2027
Beacon Investigative Solutions	
Signature _____	



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 E-MAIL ADDRESS: mnowell@amiscorp.com	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 INSURER A: StarStone Specialty Ins Comp		NAIC # 44776
	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"/>	X	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 checked="" 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 checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE	\$
	OCCUR						
	CLAIMS-MADE						
DED	RETENTION \$					AGGREGATE	\$
							\$
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A				PER STATUTE	OTHE- R
	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)

IN LIC #: PI21000525

Investigation

CERTIFICATE HOLDER

CANCELLATION

INLIC-1 Indiana Professional License Agency 402 W Washington RM W072 Indianapolis, IN 46204	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 INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF AUTHORIZATION

INDIANA SECRETARY OF STATE
RECEIVED

2009 DEC 11 AM 11:33

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

BEACON INTERNATIONAL GROUP, INC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 27, 2009, and was in existence or authorized to transact business in the State of Indiana on December 06, 2009.

I further certify this For-Profit Foreign Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand
and affixed the seal of the State of Indiana, at the
city of Indianapolis, this Sixth Day of December, 2009.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

2009033000304 / 2009120656504

**State of Indiana
Office of the Secretary of State**

**CERTIFICATE OF ASSUMED BUSINESS NAME
of
BEACON INTERNATIONAL GROUP, INC**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Ohio For-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

BEACON INVESTIGATIVE SOLUTIONS

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, March 15, 2010.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 15, 2010.



TODD ROKITA,
SECRETARY OF STATE

