

Number
PI00471
Agency 1259



Not Transferable

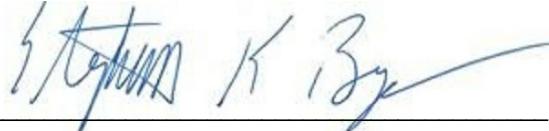
Issued: 03/31/2025

This is to certify that **BEACON INTERNATIONAL GROUP, INC DBA BEACON
INVESTIGATION SOLUTIONS** of **COLUMBUS, OH**
is duly licensed to transact business in the State of Iowa as a

Private Investigation Agency

from the date of issuance to **03/31/2027** unless sooner terminated.





Commissioner, Department of Public Safety



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"/>		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	
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:							
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)					\$	
UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
DED	<input type="checkbox"/> RETENTION \$						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N	N / A				PER STATUTE	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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

IA License #: PI 3020
Agency 1259

Investigation

CERTIFICATE HOLDER

CANCELLATION

IALIC-1 Iowa Dept of Public Safety Program Services Bureau 215 East 7th St, 4th Fl Des Moines, IA 50319-0040	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

No: W00719543
Date: 01/14/2011

IOWA

SECRETARY OF STATE

490 FP-410120
BEACON INTERNATIONAL GROUP INC

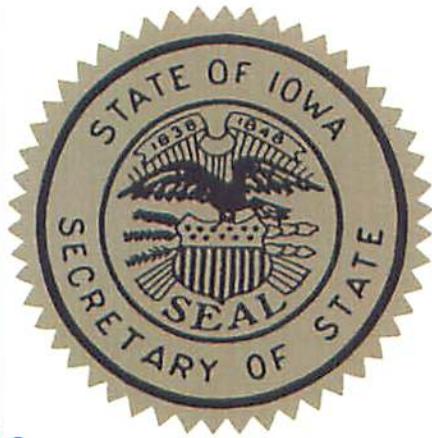
ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Certificate of Authority

The document was filed on Jan 13 2011 10:50AM, to be effective as of Jan 13 2011 10:50AM.

The amount of \$100.00 was received in full payment of the filing fee.




MATT SCHULTZ, SECRETARY OF STATE



Printed on
Recycled Paper

IOWA

SECRETARY OF STATE

No: W00727865
Date: 03/10/2011

490 FP-410120
BEACON INTERNATIONAL GROUP INC

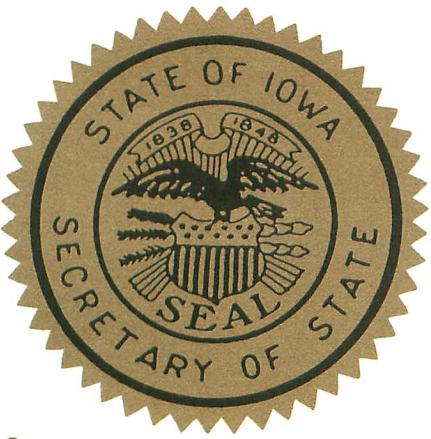
ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Resolution to Adopt a Fictitious Name

The document was filed on Mar 10 2011 10:30AM, to be effective as of Mar 10 2011 10:30AM.

The amount of \$5.00 was received in full payment of the filing fee.



MATT SCHULTZ, SECRETARY OF STATE

