



THE STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY

No. 01157657

This is to Certify that

MICHAEL V ORCHARD of MASON, OH

has been duly licensed to conduct the business of a

PROFESSIONAL INVESTIGATOR

under the title of MICHAEL V ORCHARD in MASON, OH

in accordance with the provisions of 32 M.R.S.A. Sections 8101-8123

from May 20, 2025 to May 20, 2029

A handwritten signature in black ink, appearing to read "L. K. Ross".

Chief, Maine State Police



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) | | | | | \$ | |
| <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB | PROPERTY DAMAGE (Per accident) | \$ | | | | | |
| DED <input type="checkbox"/> RETENTION \$ | | \$ | | | | | |
| | <input 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)

MA License #: 1157657

Investigation

CERTIFICATE HOLDER

CANCELLATION

MELIC-1

Maine State Police,
Special Investigations Unit
State House Station 164
Augusta, ME 04333

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



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 71064194 briefly

described as PRIVATE DETECTIVE

for MICHAEL V. ORCHARD

in the sum of \$ FIFTY THOUSAND AND NO/100 Dollars, for the term beginning _____, as Principal,

May 20, 2025, and ending May 20, 2029, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 7th day of May, 2025.

WESTERN SURETY COMPANY

By Larry Kasten
Larry Kasten, Vice President



THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of qualification of foreign business corporations in this State and annual reports filed by the same.

I further certify that BEACON INTERNATIONAL GROUP INC, a OHIO corporation, is a duly qualified foreign business corporation under the laws of the State of Maine and that the application for authority to transact business in this State was filed on January 18, 2011.

I further certify that said foreign business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the authority to transact business in this State and that according to the records in the Department of the Secretary of State, said foreign business corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this fourteenth day of April 2011.



A handwritten signature in black ink that reads "Charles E. Summers, Jr." followed by a short horizontal line.

Charles E. Summers, Jr.

Secretary of State

STATE OF MAINE
Department of the Secretary of State
Bureau of Corporations, Elections and Commissions
101 State House Station
Augusta, Maine 04333-0101

March 8, 2011

BEACON INVESTIGATIONS SOLUTUIONS
2720 AIRPORT DRIVE
COLUMBUS OH 43219

ATTESTED COPIES
WR DCN: 2110661600014

Enclosed please find copies of documents recently placed on file with our office. Each copy has been attested as a true copy of the original and serves as your evidence of filing. We recommend that you retain these permanently with your records.

Charter#: 20110545 F Legal Name: BEACON INTERNATIONAL GROUP INC

ASSUMED NAME

DCN: 2110661600015 Page(s) 2

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