

License No.
22PLU-PD19328

License Expires:
July 31, 2025

State of Maryland

PRIVATE DETECTIVE LICENSE

THIS IS TO CERTIFY, That BEACON INVESTIGATIVE SOLUTIONS

having complied with the provisions of the Business Occupations and Professions Article, Title 13, Sections 13-101 thru 13-801, is hereby granted a LICENSE to conduct a PRIVATE DETECTIVE BUSINESS, subject to all the provisions of said Article, until the date of expiration shown hereon; the Representative Agency Member for said License being: MICHAEL ORCHARD

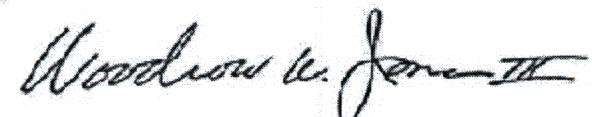
This license shall be displayed conspicuously at all times in the Office, or place of business, only at:

Office Location: 2560 HARLEM AVENUE , BALTIMORE MD 21216

and shall be returned to the Department of Maryland State Police within five days after expiration, revocation, or suspension.



In testament whereas I have hereto affixed my official signature this Twenty-Fifth day of October, Two Thousand Twenty-Two.



Superintendent, Maryland 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	
PRODUCTS - COMP/OP AGG	\$ 1,000,000						
OTHER:	\$						
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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	\$
	OCCUR					\$	
	CLAIMS-MADE					\$	
DED	RETENTION \$					AGGREGATE	\$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTHE- R
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N / A				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)

MD License #: 106-4295

Investigation

CERTIFICATE HOLDER

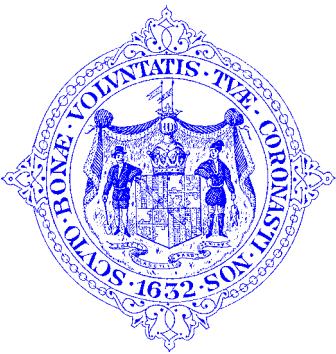
CANCELLATION

MDLIC-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
Maryland State Police Licensing Division 1111 Reisterstown Rd Pikesville, MD 21208	

STATE OF MARYLAND
Department of Assessments and Taxation



Paul B. Anderson
Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

TRADE NAME APPROVAL SHEET
**** KEEP WITH DOCUMENT ****

TRANSACTION TYPE FEES REMITTED

TN - Trade Name Registration
 TA - Amendment
 TA1 - Amendment Owner Added
 TA2 - Amendment Owner Deleted
 TA3 - Amendment Owner Name Change
 TA4 - Amendment Location Added
 TA5 - Amendment Location Deleted
 TA6 - Amendment Location Changed
 TC - Cancellation
 TR - Renewal

25.00



1000362001331083

Affix Text Label Here

ID #: T00325662 ACK #: 1000362001331083
 PAGES: 0002
 BEACON INVESTIGATIVE SOLUTIONS

03/03/2011 AT 12:09 P WO #: 0003770166

_____ Certified Copies

Copy Fee: _____

_____ Certificates

Certificate of Fact Fee: _____ Other Change(s) _____

TOTAL FEES: 25.00

NO FEE TRANSACTION TYPES

99T - Departmental Action
 99TA - Departmental Action - Name Change
 220T - Void Non-Payment
 220TA - Departmental Action - Amendment
 220TA1 - Departmental Action - Owner Added
 220TA2 - Departmental Action - Owner Deleted
 220TA3 - Departmental Action - Owner Name Change
 220TA4 - Departmental Action - Location Added
 220TA5 - Departmental Action - Location Deleted
 220TA6 - Departmental Action - Location Changed
 220TC - Departmental Action - Cancellation
 220TR - Departmental Action - Renewal

BEACON INTERNATIONAL GROUP INC
 2720 AIRPORT DR
 COLUMBUS OH 43219-2219

Credit Card _____ Check 1 Cash _____

_____ Documents on _____ Checks _____

Approved By: A _____

Keyed By: _____

COMMENT(S):

CUST ID: 0002553586
 WORK ORDER: 0003770166
 DATE: 03-03-2011 12:09 PM
 RTT: PAID: \$25.00

