

STATE OF



NEBRASKA

PRIVATE DETECTIVE AGENCY LICENSE
463

The Nebraska Secretary of State certifies that

Beacon International Group Inc.

of

Columbus, OH

is licensed to act as a Private Detective Agency in the State of Nebraska from June 30, 2022 to June 30, 2024 unless terminated by the Secretary of State.



IN TESTIMONY WHEREOF,

I have hereunto set my hand and affixed
the Great Seal of the State of Nebraska,
done at Lincoln on this date of
June 30, 2022

A handwritten signature in black ink, reading "Robert B. Evnen".

Robert B. Evnen, Secretary of State



BEACO-2

OP ID: MN

CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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	
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 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
				NAIC # 44776	

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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			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
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			WSGP000596	03/25/2025	03/25/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

NE License #: 463

Investigation

CERTIFICATE HOLDER

CANCELLATION

Nebraska Secretary of State 1305 State Capitol Building Lincoln, NE 68509-4608	NELIC-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
---	---

STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

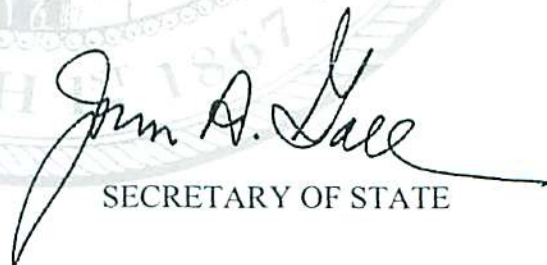
BEACON INTERNATIONAL GROUP, INC

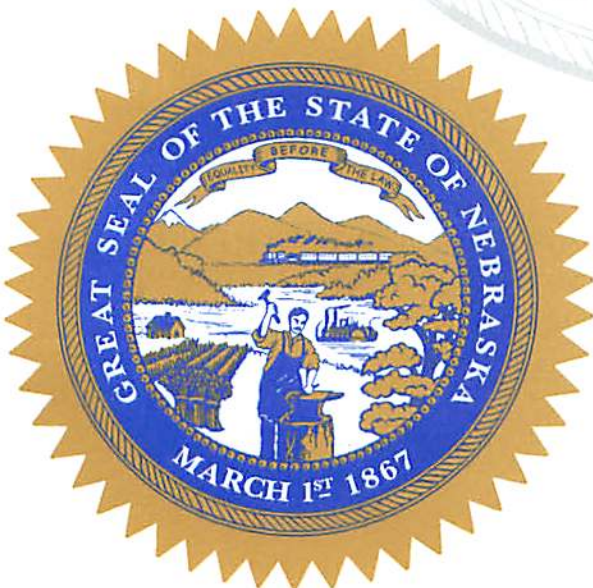
a Ohio corporation, was duly authorized to transact business in this state on February 4, 2011.

I further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on April 15, 2011.


SECRETARY OF STATE



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

APPLICATION FOR REGISTRATION OF TRADE NAME

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608, Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>

Submit in Duplicate

PUBLICATION REQUIREMENT: Neb. Rev. Stat. §87-219 "Every duplicate of the registration of a trade name shall be published by the applicant once in a newspaper of general circulation published in the city or village where the business is to be located, or, if there is no newspaper in the city or village, in some newspaper of general circulation in the county. Proof of such publication shall be filed in the office of the Secretary of State and with the county clerk of the county where the principal office is located, within forty-five days from the date of registration with the Secretary of State. **If proof of publication is not filed with the Secretary of State and the county clerk within the forty-five days, the registration shall be cancelled by the Secretary of State.**"

Trade Name Beacon Investigative Solutions

Name of Applicant Beacon International Group, Inc

Address Michael V. Orchard 2720 Airport Drive Columbus, OH 43219

street address

city

state


zip

Applicant is ☐ Individual ☒ Corporation ☐ Limited Liability Company ☐ Partnership
☐ Limited Liability Partnership ☐ Limited Partnership ☐ Other (specify) _____

If other than an Individual, state under whose laws entity was formed: Ohio

Date of first use of name in Nebraska Certificate Of Authority is pending

General nature of business private investigations


Signature of Applicant or Legal Representative

Please Note:

Registration of a trade name with the State of Nebraska does not guarantee that a similar name has not been registered nationally with the U.S. Patent and Trademark Office. To check national availability go to: <http://www.uspto.gov/main/trademarks.htm>

FILING FEE: \$100.00

Registration Expires 10 years from date of filing

**SEE REVERSE FOR INSTRUCTIONS TO
PUBLISH LEGAL NOTICE OF A TRADE NAME**