

UNIQUE ID NUMBER

11000151251

State of New York

Department of State

DIVISION OF LICENSING SERVICES

FOR OFFICE USE ONLY

Control
No.

1948761

Pursuant to the provisions of

ARTICLE 7 OF THE GENERAL BUSINESS LAW
AND AMENDMENTS THERETO

BEACON INVESTIGATIVE SOLUTIONS
4200 REGENT ST
STE 200
COLUMBUS OH 43219

EFFECTIVE DATE

MO. | DAY | YR.
11 | 05 | 25

EXPIRATION DATE

MO. | DAY | YR.
11 | 04 | 27

HAS BEEN DULY LICENSED TO TRANACT BUSINESS AS A
PRIVATE INVESTIGATOR

FOR THE TERM OF TWO YEARS FROM DATE HEREOF, TO BE REPRESENTED,
AS PRINCIPAL, BY THE QUALIFIED MEMBER(S) LISTED ON THE ATTACHED:

In Witness Whereof, The Department of State has caused
its official seal to be hereunto affixed.

WALTER T. MOSLEY
SECRETARY OF STATE



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"/>	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	
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	\$
	DED <input type="checkbox"/> RETENTION \$					AGGREGATE	\$
							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> 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)

NYS Department of State is named as an additional insured with coverage includes false arrest, false imprisonment, malicious prosecution, libel, slander and violation of the right to privacy.

NY License# 11000161 Control #: 371529

Investigation

CERTIFICATE HOLDER

CANCELLATION

NYS Department of State Division of Licensing PO Box 22001 Albany, NY 12201	NYLIC-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 	



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Certification of Bonded Status

I, [Signature], being the principal licensee of [Business Name], do hereby certify that the bond amount of \$[Amount] is valid and sufficient to cover all debts, claims and expenses of [Business Name] for the period from [Effective Date] to [Expiry Date]. I further certify that the principal continues in full force and effect.

Date: June 12th, 2025

Beacon Investigative Solutions
4200 Regent St., Ste 200
Columbus, OH 43219

Certification of Bonded Status

This will certify that our bond number 61133390, dated August 18th, 2011,

with Beacon Investigative Solutions, 4200 Regent St., Ste 200, Columbus, OH 43219,
(Licensee's Name) (Business Address)

as principal, continues in full force and effect.

WESTERN SURETY COMPANY
(Surety)

101 S. Reid St., Ste. 300
(Street Address)

Sioux Falls, SD 57103-7046
(City, State and Zip Code)

Dated: June 12th, 2025

By: C. Bendt

C. Bendt, Asst Sec.

STATE OF SOUTH DAKOTA
COUNTY OF MINNEHAHA

} ss:

On this 12th day of June, 2025, before me personally came

C. Bendt, to me known, who being by me fully

sworn, did depose and say that he/she is the Assistant Secretary of the
WESTERN SURETY COMPANY

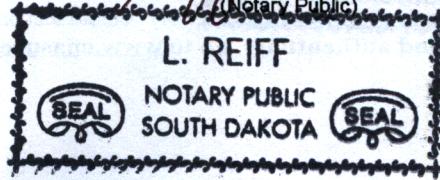
which executed the within instrument, that he/she knows the seal of said corporation, that the seal affixed to said instrument is such corporation seal; that it was so affixed by the order of the Board of Directors of said corporation; and that he/she signed his/her name thereto by like order.

L. Reiff

L. REIFF
My Commission Expires 12-4-2029

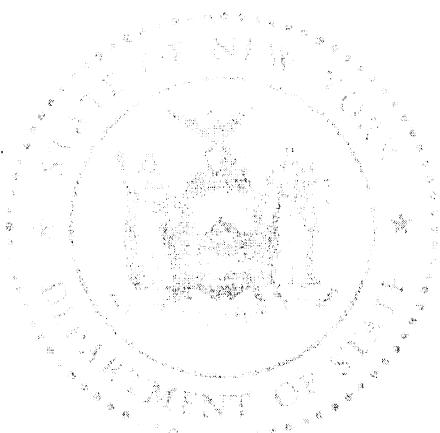
(Notary Public)

(Applicant's Signature)



**State of New York } ss:
Department of State**

I hereby certify, that BEACON INTERNATIONAL GROUP INC a OHIO corporation, filed an Application for Authority to do business in the State of New York on 02/23/2011. I further certify that so far as shown by the records of this Department, such corporation is still authorized to do business in the State of New York.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 21st day of April two
thousand and eleven.*



First Deputy Secretary of State

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME : BEACON INTERNATIONAL GROUP INC

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

FILER:

FILED: 02/23/2011

CASH# : 253688

FILM#: 20110223065

VIRGINIA LEE
2720 AIRPORT DRIVE

COLUMBUS OH 43219

PRINCIPAL LOCATION

2720 AIRPORT DRIVE

COLUMBUS
OH 43219

COMMENT:

ASSUMED NAME

BEACON INVESTIGATIVE SOLUTIONS



FEES	600.00	PAYMENTS:	600.00
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FILING :	25.00	CASH :	
COUNTY :	575.00	CHECK :	600.00
COPIES :	.00	C CARD :	
MISC :	.00		
HANDLE :	.00		

REFUND :

UNIQUE ID NUMBER

11000161261

State of New York
Department of State
DIVISION OF LICENSING SERVICES

FOR OFFICE USE ONLY

Control
No.

1231028

Pursuant to the provisions of

ARTICLE 7 OF THE GENERAL BUSINESS LAW
AND AMENDMENTS THERETO

BEACON INVESTIGATIVE SOLUTIONS
4200 REGENT ST
STE 200
COLUMBUS OH 43219

EFFECTIVE DATE

MO. DAY YR.
11 05 19

EXPIRATION DATE

MO. DAY YR.
11 04 21

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FOR THE TERM OF TWO YEARS FROM DATE HEREOF, TO BE REPRESENTED,
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ROSSANA ROSADO
SECRETARY OF STATE