

# State of Tennessee

14714953

PRIVATE INVESTIGATION AND POLYGRAPH COMMISSION

PRIVATE INVESTIGATION COMPANY

BEACON INTERNATIONAL GROUP INC

*This is to certify that all requirements of the State of Tennessee have been met.*

ID NUMBER: 1907  
LIC STATUS: ACTIVE  
EXPIRATION DATE: June 30, 2027



IN-1313  
DEPARTMENT OF  
COMMERCE AND INSURANCE



## 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
		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)					\$	
PROPERTY DAMAGE (Per accident)	\$						
	\$						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE	\$
	OCCUR						
	CLAIMS-MADE						
DED	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)

TN License #: 00001907

Investigation

## CERTIFICATE HOLDER

## CANCELLATION

TN LIC-1  State of Tennessee Dept of Commerce & Insurance Private Protective Services 500 James Robertson Parkway Nashville, TN 37243-1167	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 TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

BEACON INTERNATIONAL GROUP INC  
2720 AIRPORT DRIVE  
COLUMBUS, OH 43219

April 7, 2011

Request Type: Certificate of Existence/Authorization  
Request #: 0035746

Issuance Date: 04/07/2011  
Copies Requested: 1

**Document Receipt**

Receipt #: 436593	Filing Fee:	\$20.00
Payment-Check/MO - BEACON INTERNATIONAL GROUP INC, COLUMBUS, OH		\$20.00

Regarding: **BEACON INTERNATIONAL GROUP, INC.**  
Filing Type: Corporation For-Profit - Foreign  
Formation/Qualification Date: 03/27/2009  
Status: Active  
Duration Term: Perpetual

Control #: 599326  
Date Formed: 02/09/2009  
Formation Locale: Ohio  
Inactive Date:

**CERTIFICATE OF AUTHORIZATION**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**BEACON INTERNATIONAL GROUP, INC.**

- \* a Corporation formed in the jurisdiction set forth above, is authorized to transact business in this State;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed an Application for Certificate of Withdrawal.

A handwritten signature in black ink that reads "Tre Hargett".

Tre Hargett  
Secretary of State

Processed By: Sheila Keeling



STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

BEACON INTERNATIONAL GROUP, INC.  
STE 300  
81 MILL ST  
GAHANNA, OH 43230-1718

May 26, 2015

### Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control # : 599326      Status: Active  
Filing Type: For-profit Corporation - Foreign

#### Document Receipt

Receipt # : 002069946	Filing Fee:	\$20.00
Payment-Check/MO - BEACON INTERNATIONAL GROUP, INC., GAHANNA, OH		\$20.00

Amendment Type: Assumed Name Renewal      Image # : B0098-6129  
Filed Date: 05/26/2015 8:36 AM

This will acknowledge the filing of the attached assumed name renewal. When corresponding with this office or submitting documents for filing, please refer to the control number given above. The name registration is effective for five years from the effective date indicated above. You may renew the right to use this name within two (2) months preceding the expiration of such right, for a period of five (5) years, by filing an application with the Secretary of State.

A handwritten signature in black ink that reads "Tre Hargett".

Tre Hargett  
Secretary of State

Processed By: Meg Sheridan

Field Name	Changed From	Changed To
Assumed Name	Beacon Investigative Solutions	Beacon Investigative Solutions
Expiration Date	07/08/2015	05/26/2020

**FILED****State of Tennessee****Department of State**

Corporate Filings  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, TN 37243

**APPLICATION FOR  
REGISTRATION OF  
ASSUMED CORPORATE  
NAME**FILED  
For Office Use Only

2010 JUL -8 AM 8:44

TRE HARGRETT  
SECRETARY OF STATE

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Beacon International Group, Inc.2. The state or country of incorporation is Ohio

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is

Beacon Investigative Solutions

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

July 2010

Signature Date

Beacon International Group, Inc.

Name of Corporation

President/CEO

Signer's Capacity

Signature

Michael V. Orchard

Name (typed or printed)

# State of Tennessee

1406  
1632113

PRIVATE INVESTIGATION AND POLYGRAPH COMMISSION

PRIVATE INVESTIGATION COMPANY

BEACON INTERNATIONAL GROUP, INC.

*This is to certify that all requirements of the State of Tennessee have been met.*

ID NUMBER: 1907

LIC STATUS: ACTIVE

EXPIRATION DATE: June 30, 2021



IN-1313  
DEPARTMENT OF  
COMMERCE AND INSURANCE