

Commonwealth of Virginia



Department of Criminal Justice Services
certifies that

BEACON INTERNATIONAL GROUP, INC.
T/A:
BEACON INVESTIGATIVE SOLUTIONS

has satisfied the licensing requirements for

Private Security Service Business
To provide services for:

BU02 Private Investigation Services

11-6667

License #

1/31/2026

Expiration Date

Leon D. Baker, Jr.

Director, Licensure and Regulatory Services



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: mnowell@amiscorp.com ADDRESS:
		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	\$
	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)

VA License #: 11-6667

Investigation

CERTIFICATE HOLDER

CANCELLATION

VALIC-2

Virginia Dept of Criminal
Justice Service
1100 Bank St
Richmond, VA 23219

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

Michelle A. Nowell

Commonwealth of Virginia



STATE CORPORATION COMMISSION

Richmond, February 3, 2011

This is to certify that a certificate of authority to transact business in Virginia was this day issued and admitted to record in this office for

Beacon International Group Inc.

a corporation organized under the laws of OHIO and that the said corporation is authorized to transact business in Virginia, subject to all Virginia laws applicable to the corporation and its business.



*State Corporation Commission
Attest:*

Joel H. Beck
Clerk of the Commission



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

May 11, 2011

MICHAEL V ORCHARD
BEACON INVESTIGATIVE SOLUTIONS
2720 AIRPORT DR
COLUMBUS, OH 43219

RECEIPT

RE: Beacon International Group Inc.

ID: F184978 - 7

DCN: 11-05-11-1009

Dear Customer:

This will acknowledge receipt of an attested copy of an assumed or fictitious name certificate for the captioned corporation conducting business under the assumed or fictitious name(s) of:

BEACON INVESTIGATIVE SOLUTIONS
(RICHMOND CI)

The filing fee of \$10.00 has been received.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck
Joel H. Peck
Clerk of the Commission

FICTACPT
CIS0313

P.O. Box 1197, Richmond, VA 23218-1197
Tyler Building, First Floor, 1300 East Main Street, Richmond, VA 23219-3630
Clerk's Office (804) 371-9733 or (866) 722-2551 (toll-free in Virginia) www.scc.virginia.gov/clerk
Telecommunications Device for the Deaf-TDD/Voice: (804) 371-9206