



The Department of Licensing and Consumer Protection grants this license, in support of and under the authority of the:  
**Security Program**

**To:** BEACON INVESTIGATIVE SOLUTIONS

**As a:** Private Detective Business

4200 Regent St  
Columbus, OH 43219

**License Number:**

PDB3432

**Issuance Date:**

11/1/2013

**Expiration Date:**

11/22/2025



Tiffany Crowe  
Director  
Department of Licensing and Consumer Protection





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

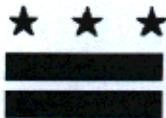
Proof of insurance. Certificate holder may be added upon request.  
This certificate is void if altered.

Investigation, OH --

## CERTIFICATE HOLDER

## CANCELLATION

Beacon International Group Inc dba: Beacon Inv Solutions Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219	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 



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
BOARD OF SECURITY

Bond No. 71064206

Bond Examiner

*Occupational and Professional Licensing Administration*

**BOND FOR PRIVATE DETECTIVE BUSINESS**

KNOW ALL MEN BY THESE PRESENT, That I/we Beacon International Group, Inc. dba Beacon  
Investigative Solutions doing business in the District of Columbia with  
offices located at 4200 Regent St, Ste 200, Columbus, OH 43219  
as principal, and WESTERN SURETY COMPANY

as surety, are held and firmly bound unto the District of Columbia and unto any person who may be aggrieved by a violation by said principal of any law or regulations in force in the District of Columbia relating to the Private Detective Business in the full and just sum of five thousand dollars (\$5,000) lawful money of the United States of America, for which payment, well and truly to be made, we bind ourselves, jointly and severally our joint and several heirs, executors, and administrators, successors and assigns, firmly by these presents.

Signed with our hands and sealed with our seals this 8th day of September in the year of our Lord two thousand and 23, the effective date of this bond to be October 31st 2023.  
Beacon International Group, Inc. dba Beacon Investigative Solutions

WHEREAS, the above bounded Solutions desires to engage in and practice in the Private Detective Business in the District of Columbia; and

WHEREAS, The Act of Congress approved November 8, 1965, 79 Stat. 1307 and the Private Detective Regulations of the District of Columbia promulgated by the Commissioners require the execution and filing of a bond for license year ending October 31, odd year, to indemnify the District of Columbia and any person aggrieved by the violation of any law or regulation in force in the District of Columbia relating to such business.

NOW THEREFORE, The conditions of the above obligation are such that if the above bounded Beacon International Group, Inc. dba Beacon Investigative Solutions shall in all respects comply with the provisions of the Acts of Congress approved July 1, 1932, 47 Stat. 500 as amended, and November 8, 1965, 79 Stat. 1307, and the Private Detective Business Regulations and amendments thereto made, or which may be hereafter made, and shall pay, all damages occasioned to any person by reason of any violation of the aforesaid Acts and Regulations in carrying on the business for which such license is granted, then this obligation to be void, otherwise to remain in full force and virtue.

Signed in the presence of: *(Does not apply to Corporation)*

(Witness 1)

(Witness 2)

BEACON INTERNATIONAL GROUP, INC. DBA  
BEACON INVESTIGATIVE SOLUTIONS (Seal)

*M. O. C.* (Trade Name)

(President or Vice-President of Corporation)

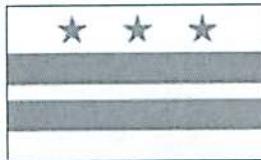
(Secretary of Corporation)

WESTERN SURETY COMPANY (Seal)  
(Surety Company)

C. Bendt, Ass't Sec. (Attorney-in-Fact)

AUTHORITY OF EXECUTION OFFICERS OR ATTORNEY-IN-FACT FOR SURETY MUST BE ATTACHED TO BOND. ERASURES, CORRECTIONS AND ALTERATIONS MUST BE INITIALED AND SEALED BY ATTORNEY-IN-FACT.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

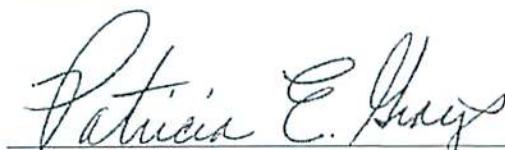
**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Corporation Act have been complied with and accordingly, this *CERTIFICATE OF AUTHORITY* is hereby issued to:

**BEACON INTERNATIONAL GROUP INC.**

**IN WITNESS WHEREOF** I have hereunto set my hand and caused the seal of this office to be affixed as of **03/02/2011 00:00:00**



Business and Professional Licensing Administration

  
Patricia E. Grays

PATRICIA E. GRAYS  
Superintendent of Corporations  
Corporations Division

Vincent C. Gray  
Mayor

Tracking #: NMGIGD0AU8

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that all applicable Trade Name requirements of the Omnibus Regulatory Reform Act of 1998 have been complied with and accordingly, this ***CERTIFICATE OF TRADE NAME REGISTRATION*** is hereby issued to:

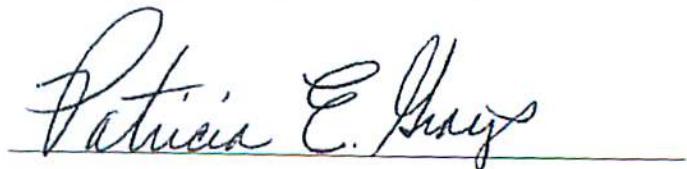
**BEACON INTERNATIONAL GROUP INC.**

**Trade Name:** BEACON INVESTIGATIVE SOLUTIONS

**IN TESTIMONY WHEREOF** I have hereunto set my hand and caused the seal of this office to be affixed as of **03/29/2011**



Business and Professional Licensing Administration



PATRICIA E. GRAYS  
Superintendent of Corporations  
Corporations Division

Vincent C. Gray  
Mayor