



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: 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





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 760-471-7116 AMIS/Alliance Mktg. & Ins Serv CA Surplus Line Lic # 0K21904 355 Via Vera Cruz #7 San Marcos, CA 92078 Michelle A. Nowell		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)

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 Solutuions 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 <i>Michelle A Nowell</i>
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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

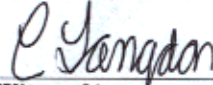
WHEREAS, the above bounded Solutions desires to engage in and practice in the Private Detective Business in the District of Columbia; and

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.

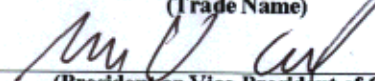
NOW THEREFORE, The conditions of the above obligation are such that if the above bounden Beacon International Group, Inc. dba Beacon Investigative Solutions shall in all respects comply with the provisions of the Acts of Congress approved July 1, 1932, 47 Stat. 500 as amended, and November 8, 1965, 79 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)
 (Trade Name)


 (President or Vice-President of Corporation)

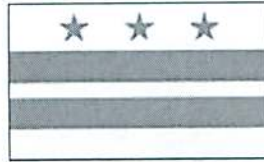
 (Secretary of Corporation)

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

A handwritten signature in cursive script, reading 'Patricia E. Grays', positioned above a horizontal line.

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



CERTIFICATE

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

Tracking #: N6NN95GVW1