

THE STATE OF WISCONSIN  
PRIVATE DETECTIVES AND PRIVATE SECURITY PERSONNEL

*Hereby certifies that*

BEACON INTERNATIONAL GROUP INC

*was granted a license to practice as a*

PRIVATE DETECTIVE/SECURITY AGENCY

*in the State of Wisconsin in accordance with Wisconsin Law*

*on the 12th day of May in the year 2011.*

*The authority granted herein must be renewed each biennium by the granting authority.*

*In witness thereof, the State of Wisconsin*

*Private Detectives and Private Security Personnel*

*has caused this certificate to be issued under*

*the seal of the Department of Safety and Professional Services*



Dan Hereth, Secretary



Tony Evers, Governor





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).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br>760-471-7116<br>AMIS/Alliance Mktg. & Ins Serv<br>CA Surplus Line Lic # 0K21904<br>355 Via Vera Cruz #7<br>San Marcos, CA 92078<br>Michelle A. Nowell           |  | <b>CONTACT NAME:</b> Michelle A Nowell<br><b>PHONE (A/C, No, Ext):</b> 760-471-7116<br><b>FAX (A/C, No):</b> 760-471-9378<br><b>E-MAIL ADDRESS:</b> mnowell@amiscorp.com                        |  |
| <b>INSURED</b><br>Beacon International Group Inc<br>dba: Beacon Investigative<br>Solutions, Qualifying Agent<br>Michael V Orchard<br>4200 Regent Street #200<br>Columbus, OH 43219 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> StarStone Specialty Ins Comp<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|  |  | <b>NAIC #</b><br>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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Errors & Omission<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | WSGP000596    | 03/25/2025              | 03/25/2026              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 5,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| A        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | WSGP000596    | 03/25/2025              | 03/25/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N / A    |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

WI License #: 16823-062

Investigation

## CERTIFICATE HOLDER

## CANCELLATION

|   |   |
|---|---|
| <b>WILIC-1</b><br><br>Wisconsin Department Of<br>Safety and Professional<br>Services<br>4822 Madison Yards Way<br>Madison, WI 53705 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|---|---|

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



**CERTIFICATE OF AUTHORITY or REGISTRATION**

Issued to

**BEACON INTERNATIONAL GROUP INC**

an organization formed under the laws of **Ohio**,

authorizing the organization to transact business in this state, effective **January 12, 2011**,

as a

- ☐ Foreign limited liability partnership, under sec. 178.45, Wis. Stats.
- ☐ Foreign limited partnership, under sec. 179.82, Wis. Stats.
- ☒ Foreign corporation, under sec. 180.1503, 180.1504, 181.1503 or 181.1504, Wis. Stats.
- ☐ Foreign limited liability company, under sec. 183.1004 or 183.1006, Wis. Stats.

Date of Issue: **January 20, 2011.**

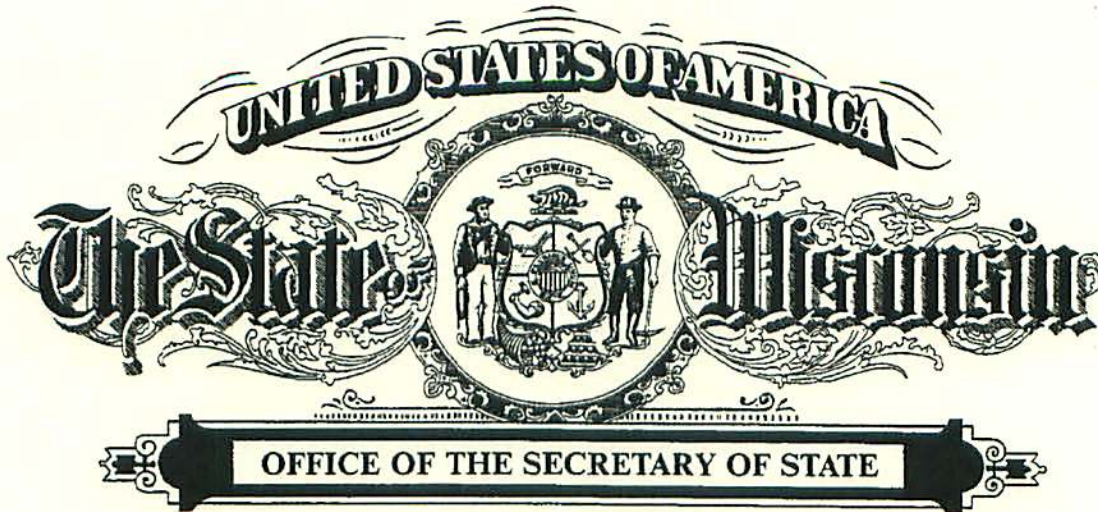


A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Secretary  
Department of Financial Institutions

See reverse for more information





**To all to whom these presents shall come, Greetings!**  
I, DOUGLAS LA FOLLETTE, Secretary of State of the State of Wisconsin, do hereby  
certify that, pursuant to Chapter 132 of the Statutes,

**BEACON INTERNATIONAL GROUP INC**

has filed for record in this department, a statement of adoption of a mark, to wit:

BEACON INVESTIGATIVE SOLUTIONS

This application is valid for a period of ten years from the date hereon, unless  
revoked sooner for cause.

IN TESTIMONY WHEREOF, I have hereunto set  
my hand and affixed my official seal, in the City of  
Madison, on March 09, 2011.



*Douglas La Follette*

**Douglas La Follette**  
Secretary of State