



# Beacon Investigative Solutions

## **Note on Wyoming Private Investigator License**

Wyoming is one of five (5) states in the U.S. that do not require – and do not provide – any state government-issued licenses for private investigators and private investigation firms.

However, the City of Cheyenne does require a municipal permit for private investigative firms operating within the city limits.

Beacon Investigative Solutions is registered with the City of Cheyenne as a licensed private investigation agency.

Our firm is also registered with the Wyoming Secretary of State and duly authorized to do business throughout the State of Wyoming.

Enclosed are copies of our Cheyenne city permit, as well as our business registration with the Wyoming Secretary of State. Also enclosed is the investigative license for our firm in Ohio, where the company was founded and maintains its corporate offices.

Beacon has been conducting investigations in Wyoming since 2009.

If you have any further questions, please contact our firm at 800-535-2136.



**City of Cheyenne, Wyoming  
LICENSE/PERMIT**

Office of City Clerk  
2101 O'Neil Ave., Rm 101

Business Name: **Beacon Investigative Solutions**

Location  
Address: **4200 Regent St Ste 200 Columbus, OH 43219**

License Number/  
Class: **CCDP-23-41 Detective Agency**

Issue Date: **September 8, 2025**

Expiration  
Date: **October 17, 2026**

Total:

Comments:

**Beacon Investigative Solutions  
4200 Regent St Ste 200 Columbus OH 43219**

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Patrick Collins  
Mayor

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Kylie Soden  
City Clerk

**Ohio Department of Public Safety  
Private Investigator Security Guard Services**

**BEACON INTERNATIONAL GROUP INC**

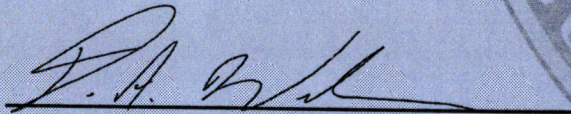
BEACON INVESTIGATIVE SOLUTIONS

4200 Regent St, Suite/Apt: 200  
Columbus OH 43219

License Number: 200921001481

Is hereby granted a "Class B License" to operate as a Private Investigator provider in  
accordance with the provisions of Chapter 4749 of the Ohio Revised Code.

Valid from 3/1/2025 through 3/1/2026



D. Andrew Wilson, Director  
Ohio Department of Public Safety



**Department of  
Public Safety**



Mark Porter, Executive Director  
Ohio Homeland Security (OHS)



*The issuance of this license does not waive any violations pending against the licensee, its qualifying agent, or employees.*



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> 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		<b>CONTACT NAME:</b> Michelle A Nowell <b>PHONE (A/C, No, Ext):</b> 760-471-7116 <b>FAX (A/C, No):</b> 760-471-9378 <b>E-MAIL ADDRESS:</b> mnowell@amiscorp.com	
<b>INSURED</b> Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> StarStone Specialty Ins Comp <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 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 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 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 <i>Michelle A Nowell</i>
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# State of Wyoming

## Office of the Secretary of State



United States of America,  
State of Wyoming } ss.

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Beacon International Group Inc.**  
is a  
**Profit Corporation**

formed or qualified under the laws of Ohio did on **April 6, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000567937**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed an Application for Certificate of Withdrawal.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of April, 2009 at 8:49 AM.



*Max Maxfield*  
Secretary of State

By *Clay Kline*