

# State of Illinois

## Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.  
117.001573  
115.002271

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:  
08/31/2020

LICENSED PRIVATE DETECTIVE AGENCY



BEACON INTERNATIONAL GROUP INC  
DBA BEACON INVESTIGATIVE SOLUT  
MICHAEL V ORCHARD  
81 MILL ST STE 300  
CAHANNA, OH 43230



*Bryan A. Schneider*

BRYAN A. SCHNEIDER  
SECRETARY

*Jessica Baer*

JESSICA BAER  
DIRECTOR

The official status of this license can be verified at [www.idfpr.com](http://www.idfpr.com)

11851405



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: SMP

DATE (MM/DD/YYYY)

03/08/2017

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 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> 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>PRODUCER CUSTOMER ID #:</b> BEACO-2	
<b>INSURED</b> Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 81 Mill St, Suite 300 Gahanna, OH 43230		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Acceptance Indemnity Ins Comp INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		<b>NAIC #</b> 20010	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

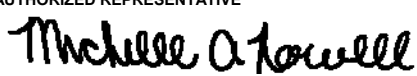
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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			CP00960544	03/25/2017	03/25/2018	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 - COMPI/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CP00960544  CP00960544	03/25/2017	03/25/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE 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				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

IL License #: 117.001573  
115.002271

**Investigation****CERTIFICATE HOLDER****CANCELLATION**

ILLIC-1  Illinois Division of Professional Regulation 320 West Washington St-3 Floor Springfield, IL 62786	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 
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OFFICE OF THE SECRETARY OF STATE

SPRINGFIELD, ILLINOIS 62756

6761-172-1

JESSE WHITE  
SECRETARY OF STATE

**ASSUMED NAME(S) RENEWAL**

BEACON INTERNATIONAL GROUP INC

**FILED**

Jan 18, 2015

JESSE WHITE  
SECRETARY OF STATE

IN ACCORDANCE WITH THE BUSINESS CORPORATION ACT OF 1983, EFFECTIVE JULY 1, 1984, CORPORATE ASSUMED NAME(S) SHALL BE RENEWABLE FOR PERIODS OF FIVE YEARS EXPIRING IN YEARS EVENLY DIVISIBLE BY FIVE. THE FEE IS \$150.00 PER ASSUMED NAME FOR THE ENTIRE FIVE YEAR PERIOD.

LISTED BELOW, PLEASE FIND THE ASSUMED NAME(S) THAT YOU HAVE RENEWED.

\$155

BEACON INVESTIGATIVE SOLUTIONS

NAME: MICHAEL V ORCHARD

TITLE: PRESIDENT

DATE: Jan 18, 2015

Form **BCA-4.15/4.20**

(Rev. Jan. 2003)

Secretary of State  
Department of Business Services  
Springfield, IL 62756  
217-782-9520  
www.cyberdriveillinois.com

Remit payment in the form of a check or money order, payable to Secretary of State.

**Application to Adopt, Change or Cancel an Assumed Corporate Name**

**FILED**

**JAN 18 2011**

**JESSE WHITE  
SECRETARY OF STATE**

File #: 6761.172.1

DO NOT SEND CASH

This space for use by Secretary of State.

Date:

Filing Fee: \$ 120-  
(See Note Below)

Approved: uji

1. Corporate Name: Beacon International Group, Inc
2. State or Country of Incorporation: OH
3. Date Incorporated (if an Illinois corporation) or Date Authorized to Transact Business in Illinois (if a foreign corporation):  
Certificate of Authority pending 1-18, 2011  
Month & Day Year

**Complete No. 4 and No. 5 if adopting or changing an assumed corporate name.**

4. Corporation intends to adopt and to transact business under the assumed corporate name of:  
Beacon Investigative Solutions
5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until January 1, 2015, the first day of the corporation's anniversary month in the next year evenly divisible by five.  
Month & Day Year

**Complete No. 6 if changing or cancelling an assumed corporate name.**

6. Corporation intends to cease transacting business under the assumed corporate name of:  
\_\_\_\_\_
7. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated January 6, 2011, Beacon International Group, Inc  
Month & Day Year Exact Name of Corporation

  
Any Authorized Officer's Signature

Michael V. Orchard President/CEO  
Name and Title (type or print)

**NOTE:** The filing fee to adopt an assumed corporate name is \$150 if the current year ends with a 0 or 5; \$120 if the current year ends with a 1 or 6; \$90 if the current year ends with a 2 or 7; \$60 if the current year ends with a 3 or 8; or \$30 if the current year ends with a 4 or 9.

The fee for cancelling an assumed corporate name is \$5.

The fee to change an assumed name is \$25.