

No 12464



Board of  
Private Investigator Examiners  
Certifies that it has registered and authorized to practice in the State of Louisiana

**BEACON INVESTIGATIVE SOLUTIONS**

Agency located at

**2720 AIRPORT DRIVE**

Address

**COLUMBUS, OH 43219**

City

State

Zip

and it's registered agent

**MICHAEL L. STEPHENS**

Private Investigator

In Testimony Whereof, this Certificate has been issued by the authority of this Board

Certificate No. 7689-062711-LA Issued JUNE 27, 2011, This certificate shall expire and be surrendered unless annually renewed according to the Louisiana State Board of Private Investigator Examiners.

Chairman of the Board

Executive Director



# 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 \$

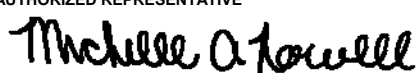
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LA Certificate #: 7689-062711-LA

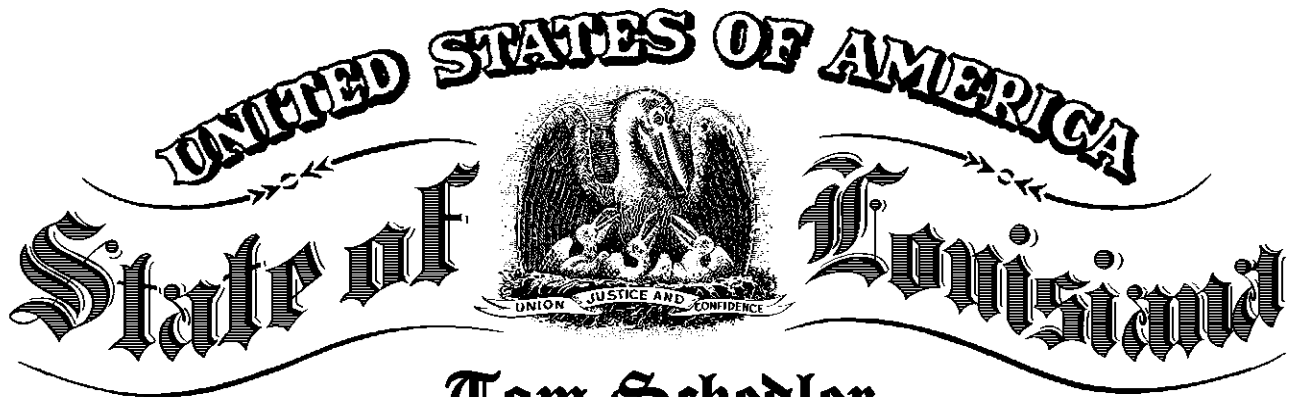
Investigation

fax: 225-763-3536

**CERTIFICATE HOLDER****CANCELLATION**

LALIC-1  Louisiana State Board of Private Investigator Examiners 2051 Silverside Drive #190 Baton Rouge, LA 70808	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 
---	---

© 1988-2009 ACORD CORPORATION. All rights reserved.



**Tom Schedler**

SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*

an Application for Certificate of Authority of

**BEACON INTERNATIONAL GROUP INC**

Domiciled at COLUMBUS, OHIO, was filed in this Office on January 14, 2011,

I further certify that no certificate of withdrawal has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 11, 2011

*Secretary of State*

Web 40403585F



Certificate ID: 10174572#QKH62

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)



**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

BEACON INTERNATIONAL GROUP INC, A OHIO CORPORATION, located at 2720 AIRPORT DRIVE, COLUMBUS, OH 43219,

Has filed for record in this department an application for the trade name

BEACON INVESTIGATIVE SOLUTIONS

Which was first used in the State of Louisiana on February 07, 2011,

Said application was filed and recorded in this Office on January 28, 2011, which recordation is for a term of ten years from the date hereof.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 7, 2011

*Secretary of State*

PA 62-7440



Certificate ID: 10138458#QWM73

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)