



# Beacon Investigative Solutions

## **Note on Mississippi Private Investigator License**

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

Beacon Investigative Solutions is registered with the Mississippi Secretary of State and duly authorized to do business in the State of Mississippi.

Enclosed are copies of our business registration with the Mississippi Secretary of State, as well as the investigative license for our firm in Ohio, where the company was founded and maintains its corporate offices.

Beacon has been conducting investigations in Mississippi since 2009.

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

Ohio Department of Public Safety  
Private Investigator Security Guard Services

**BEACON INTERNATIONAL GROUP INC**

BEACON INVESTIGATIVE SOLUTIONS

81 Mill Street, Suite/Apt: 300  
Gahanna OH 43230

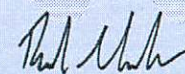
License Number: 200921001481

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 3/1/2018 through 3/1/2019



John Born, Director  
Ohio Department of Public Safety



Brandon S. Gardner, Executive Director  
Private Investigator Security Guard Services



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



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: SMP

DATE (MM/DD/YYYY)  
02/28/2018

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

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

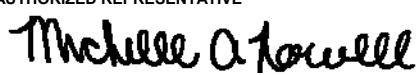
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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><br><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 |           |          | CP00960544    | 03/25/2018              | 03/25/2019              | 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 - COMPI/OP AGG \$ 1,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   |           |          | CP00960544    | 03/25/2018              | 03/25/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (PER ACCIDENT) \$<br>\$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DEDUCTIBLE<br>RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$  |
|          | <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    |               |                         |                         | WC STATUTORY LIMITS OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

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

**Proof of insurance. Certificate holder may be added upon request.**  
 This certificate is void if altered.

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

|  |   |
|--|---|
| <b>Beacon International Group Inc</b><br><b>dba: Beacon Investigative Solutions; Michael V Orchard</b><br>81 Mill St, Suite 300<br>Gahanna, OH 43230 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|

© 1988-2009 ACORD CORPORATION. All rights reserved.

# State of Mississippi

## Office of the Secretary of State

C. Delbert Hosemann, Jr., Secretary of State  
Jackson, Mississippi

### CERTIFICATE

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on March 30, 2009, the State of Mississippi issued a Charter/Certificate of Authority to:

BEACON INTERNATIONAL GROUP INC

That the state of incorporation is OHIO.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand  
and seal of office  
April 13, 2011

A handwritten signature in black ink that reads "C. Delbert Hosemann, Jr." in a cursive style.

C. Delbert Hosemann, Jr.  
Secretary of State