

State of Montana  
Business Standards Division  
Board of Private Security

This certificate verifies licensure as:

**PRIVATE INVESTIGATOR**

License #: **PSP-PI-LIC-10582**

Status: **Active**

Expiration Date: **03/01/2018**

**MICHAEL V ORCHARD**  
**81 MILL ST STE 300**  
**GAHANNA, OH 43230**



RENEW OR VERIFY YOUR LICENSE AT:  
<https://ebiz.mt.gov/pol/>



# 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> <b>AMIS/Alliance Mktg. &amp; Ins Serv</b> <b>CA Surplus Line Lic # 0K21904</b> <b>355 Via Vera Cruz #7</b> <b>San Marcos, CA 92078</b> <b>Michelle A. Nowell</b>		<b>CONTACT NAME: Michelle A Nowell</b> <b>PHONE (A/C, No, Ext): 760-471-7116</b> <b>FAX (A/C, No): 760-471-9378</b> <b>E-MAIL ADDRESS: mnowell@amiscorp.com</b> <b>PRODUCER CUSTOMER ID #: BEACO-2</b>	
<b>INSURED</b> <b>Beacon International Group Inc</b> <b>dba: Beacon Investigative Solutions, Qualifying Agent</b> <b>Michael V Orchard</b> <b>81 Mill St, Suite 300</b> <b>Gahanna, OH 43230</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : Acceptance Indemnity Ins Comp</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	
		<b>NAIC #</b> <b>20010</b>	

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

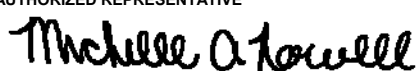
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMPI/OP AGG \$ <b>1,000,000</b> \$
	<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) \$ <b>1,000,000</b> 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)

MT License #: 10582

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

<b>MTLIC-1</b>  <b>Montana Board of Private Security</b> <b>PO Box 200513</b> <b>Helena, MT 59620-0513</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.  AUTHORIZED REPRESENTATIVE 
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# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF AUTHORIZATION

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that on 18 January 2011, this office issued a Certificate of Authority to:

BEACON INTERNATIONAL GROUP INC

a foreign corporation organized under the laws of the State or the Province of Ohio, to transact business and conduct affairs in the State of Montana.

I further certify that all fees reflected in the records of the Secretary of State have been paid and that the most recent annual report has been filed with this office.

I further certify that the Certificate of Authority of said corporation has not been revoked and it has not been issued a certificate of withdrawal nor has it caused any notice of dissolution or withdrawal to be placed on record in this office.

I further certify that my records indicate the corporation is in good standing under the laws of the State of Montana and is authorized to conduct its business and affairs in this State.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 14 February 2011.

LINDA MCCULLOCH  
Secretary of State

Certified File Number: F061589



# SECRETARY OF STATE STATE OF MONTANA

## CERTIFICATE OF FACT

I, **LINDA McCULLOCH**, Secretary of State of the State of Montana, do hereby certify that pursuant to Title 30, Chapter 13, Part 2, Montana Code Annotated, an Application for Registration of Assumed Business Name for

### **BEACON INVESTIGATIVE SOLUTIONS**

was filed in this office on **FEBRUARY 3, 2011**.

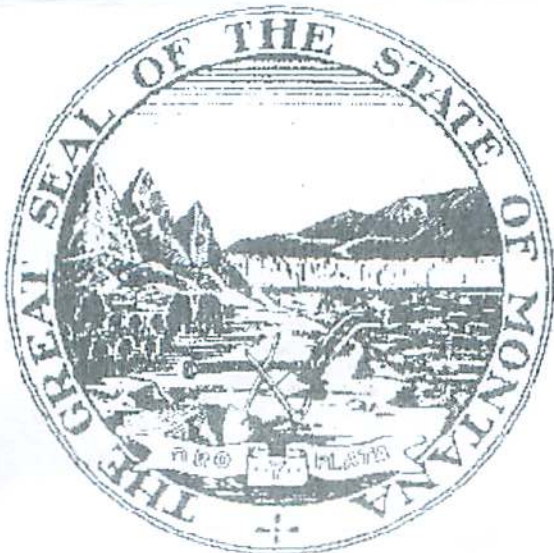
I further certify that the description of the business to be transacted under the Assumed Business Name is: **PRIVATE INVESTIGATION**.

I further certify that the business is being transacted in **ALL** counties.

I further certify that the applicant is: **BEACON INTERNATIONAL GROUP INC, 2720 AIRPORT DR, COLUMBUS OH 43219**, an **OHIO**, corporation.

I further certify that the expiration date is **FEBRUARY 3, 2016**, unless an application for renewal of the assumed business name registration is received by this office within 90 days prior to the expiration date.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **February 17, 2011**.



A handwritten signature in cursive script that reads "Linda McCulloch".

**LINDA McCULLOCH**  
Secretary of State

Certified File Number: **A-187145**