

State of North Carolina

Private Protective Services Board Company Business License

certifies that

Beacon Investigative Solutions

has complied with Chapter 74C of the General Statutes of North Carolina
to provide licensed

Private Protective Services



In Witness whereof, I have hereunto signed my name
Wednesday, September 07, 2011

Richard B. Allen

Chairperson, Private Protective Services Board



CERTIFICATE OF LIABILITY INSURANCE

OP ID: AR

DATE (MM/DD/YYYY)

02/27/12

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).

PRODUCER AMIS/Alliance Mktg. & Ins Serv CA Surplus Line Lic # 0E25579 355 Via Vera Cruz #7 San Marcos, CA 92078 William R. West	760-471-7116	CONTACT NAME:	
	760-471-9378	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	BEACO-2
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 2720 Airport Drive Columbus, OH 43219	INSURER A : First Mercury Insurance Co.		10657
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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	GENERAL LIABILITY			SE-CGL-0000006298-01	03/25/12	03/25/13	EACH OCCURRENCE	\$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000			
	<input checked="" type="checkbox"/> Errors & Omission						PERSONAL & ADV INJURY	\$ 1,000,000			
	<input checked="" type="checkbox"/> Owners & Contract						GENERAL AGGREGATE	\$ 5,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/OP AGG	\$ Incl in Agg
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC										\$
A	AUTOMOBILE LIABILITY			SE-CGL-0000006298-01	03/25/12	03/25/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
	<input checked="" type="checkbox"/> HIRED AUTOS							\$			
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$							
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$			
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$			
	DEDUCTIBLE							\$			
	RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N				WC STATU-TORY LIMITS	OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>	N / A			E.L. EACH ACCIDENT	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
NC License #: 2011-1094

Investigation

CERTIFICATE HOLDER**CANCELLATION**

NCLIC-1

North Carolina Private
Protective Services Board
1631 Midtown Place, #104
Raleigh, NC 27609

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.



NORTH CAROLINA

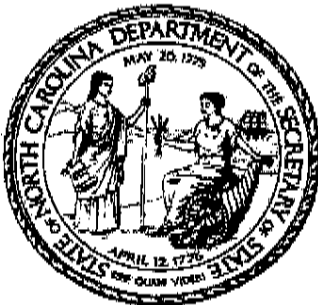
Department of The Secretary of State

CERTIFICATE OF AUTHORITY

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

BEACON INTERNATIONAL GROUP, INC

having filed on this date an application conforming to the requirements of the General Statutes of North Carolina, a copy of which is hereto attached, is hereby granted authority to transact business in the State of North Carolina.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of January, 2011

Elaine F. Marshall
Secretary of State