



**State of Vermont**  
Board of Private Investigative & Security Services  
Private Investigative Agency

Qualifying Agent: Michael V. Orchard

Beacon International Group Inc.  
81 Mill Street  
Suite 300  
Gahanna, OH 43230



Credential #: 044.0075258-PI  
Status: ACTIVE  
Effective: 06/01/2015  
Expires: 05/31/2017

*James C. Condes*  
Secretary of State

For the most accurate and up to date record of licensure, please visit [www.vtprofessionals.org](http://www.vtprofessionals.org)



# 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

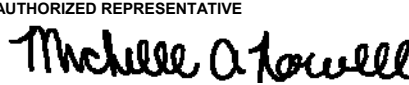
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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 \$ <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 - COM/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)  
**VA Credential #: 044.0075258-PI**

**Investigation**

<b>CERTIFICATE HOLDER</b>  VTLIC-1  State of Vermont Secretary of State Office Professional Regulation National Life Bldg, North Fl 2 Montpelier, VT 05620-3402	<b>CANCELLATION</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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**STATE OF VERMONT**  
**OFFICE OF SECRETARY OF STATE**

The Office of Secretary of State hereby grants a

Certificate of Authority

to

**BEACON INTERNATIONAL GROUP, INC.**

a Ohio domestic corporation, effective January 18, 2011

January 24, 2011

Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital

*James C. Condos*

James C. Condos  
Secretary of State

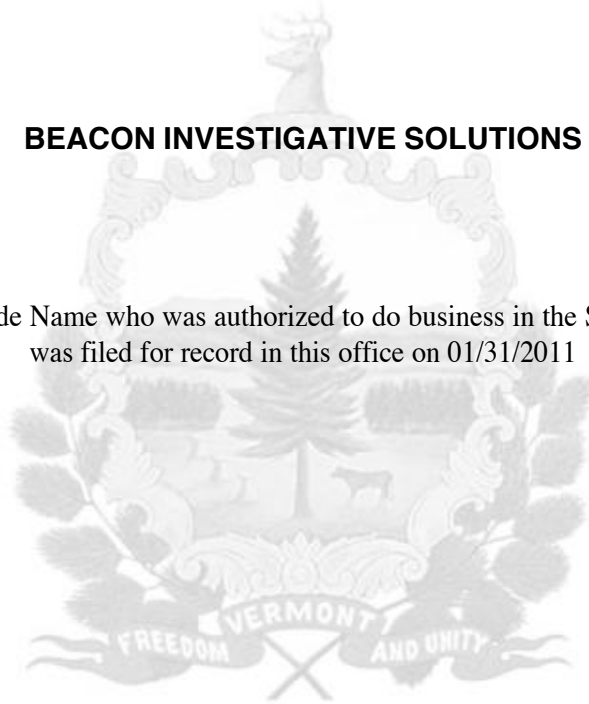


STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

I, James C. Condos, Vermont Secretary of State here certify that according to the records of this office

**BEACON INVESTIGATIVE SOLUTIONS**

A Vermont Trade Name who was authorized to do business in the State of Vermont,  
was filed for record in this office on 01/31/2011



January 05, 2017



Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital

A handwritten signature in cursive script that reads "James C. Condos".

James C. Condos  
Vermont Secretary of State

Certificate Number:2013309068001  
Business ID:181394