



Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000

PRIVATE INVESTIGATOR

License No. PI27563

Valid Until: 09/30/2025

Receipt No. 32815

BEACON INVESTIGATIVE SOLUTIONS
4200 REGENT ST STE 200
COLUMBUS, OH 43219-6229

In accordance with the provisions of
Division 3, Chapter 11.3 of the Business
and Professions Code, the company
named hereon is issued a Private
Investigator License Renewal.

----- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

WPIPI 10/2015



BEACO-2

OP ID: MN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2023

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 have ADDITIONAL INSURED provisions or 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 760-471-7116 AMIS/Alliance Mktg. & Ins Serv CA Surplus Line Lic # 0K21904 355 Via Vera Cruz #7 San Marcos, CA 92078 Michelle A. Nowell		CONTACT NAME: Michelle A Nowell PHONE (A/C, No, Ext): 760-471-7116 FAX (A/C, No): 760-471-9378 E-MAIL ADDRESS: mnowell@amiscorp.com	
INSURED Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219		INSURER(S) AFFORDING COVERAGE INSURER A: Peleus Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 34118	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:	X		PKV0000314	03/25/2023	03/25/2024	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 - COMP/OP AGG \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PKV0000314	03/25/2023	03/25/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

State of California Bureau of Security and Investigative Services is named as additional insured and shall be notified of any changes to limits or cancellation of the policy.

Investigation, CA -- CA License #: PI27563

CERTIFICATE HOLDER

CANCELLATION

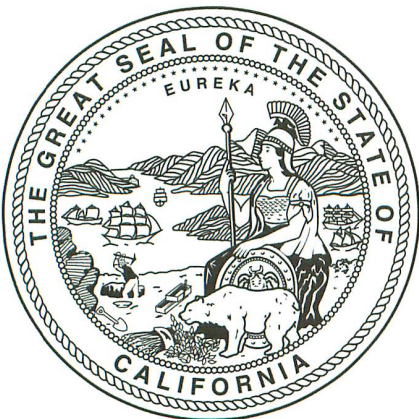
CALIC-2 State of California Bureau of Security and Investigative Services PO Box 980550 West Sacramento, CA 95798-0550	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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State of California
Secretary of State

CERTIFICATE OF QUALIFICATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify that on the **30th day of March, 2011**, **BEACON INTERNATIONAL GROUP INC**, a corporation organized and existing under the laws of **Ohio**, complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California, and that as of said date said corporation became and now is qualified and authorized to transact intrastate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 20, 2011.



Debra Bowen

DEBRA BOWEN
Secretary of State

County of Sacramento

Department of Finance

Tax Collection and Licensing

Business License Unit

700 H Street, Room 1710, Sacramento, CA 95814

phone (916) 874-6644 • fax (916) 874-8909

www.finance.saccounty.net

Original Statement FILED with Sacramento County Clerk

FBNF2016-05468 Beacon Investigative Solutions

COPY

FILED: 7/5/2016

Expires: 7/5/2021

FICTITIOUS BUSINESS NAME STATEMENT

BUSINESS AND PROFESSIONS CODE 17900 ET SEQ.

TYPE OR PRINT CLEARLY – MUST BE LEGIBLE. PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

WHEN FILING BY MAIL, PROVIDE SELF ADDRESSED STAMPED ENVELOPE.

1	Street Address, City, State, Zip of Principal Place of Business. (P.O. Box or PMB <u>not</u> acceptable)		County
	81 Mill Street, Suite 300, Gahanna, OH 43230		Franklin
2	Fictitious Business Name(s) to be Filed		
	(a) Beacon Investigative Solutions	(b) (If more than 2 names, attach additional sheet)	
3	Full Name/Residence Address of Business Owner(s) (P.O. Box or PMB <u>not</u> acceptable), Or Corporation/LLC name and address as registered with Secretary of State (include State where incorporated)		
	Name and Street Address, City, State, Zip		
	(a) Beacon International Group Inc 81 Mill Street, Suite 300, Gahanna, OH 43230		
	(b) (If more than 2 owners, attach additional sheet)		
4	This business conducted by:		
	<input type="checkbox"/> an Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust		
	<input type="checkbox"/> Married Couple <input type="checkbox"/> Co-Partners <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> State or local Registered Domestic Partners		
	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Unincorporated Association (other than a partnership)		
5	Date began using business name or date expected to begin: _____ (write "N/A" on the line above if you have not yet begun transacting business and the expected date is unknown)		
6	I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed \$1,000.00).		
	Signature: <u>Michael V. Orchard</u> Title if Corporate Officer: <u>President/CEO</u>		
	Print Name: <u>Michael V. Orchard</u> Business Phone No. <u>800-535-2136</u>		

In accordance with Section 17920 (a), a Fictitious Business Name Statement generally expires five years from the date it was filed with the County Clerk, except as provided in Section 17920 (b), where it expires 40 days after any change in the facts set forth in the statement pursuant to section 17913 other than a change in the residence address of a registered owner. A new Fictitious Business Name Statement must be filed before the expiration.

The filing of this Statement does not of itself authorize the use in this state of a Fictitious Business Name in violation of the rights of another under Federal, State, or common law (section 14411 et seq., of the Business and Professions Code).

\$37.00 For first business name and owner on statement
\$ 5.00 For each additional business name on this statement
\$ 5.00 For each additional business owner on this statement

Make checks or money orders payable to Sacramento County

I hereby certify that this copy is a correct copy of the original Statement on file in my office.

DONNA ALLRED, COUNTY CLERK

BY: Donna Allred

Deputy County Clerk

☐ ID Checked