



STATE OF CONNECTICUT

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF STATE POLICE

LICENSE NUMBER A-2570

THIS CERTIFIES THAT

MICHAEL V ORCHARD, DBA - BEACON INVESTIGATIVE SOLUTIONS of COLUMBUS, OH

is hereby licensed as a

PRIVATE DETECTIVE CORPORATION

In accordance with the Connecticut General Statutes

This license is valid effective December 9th, 2023 through December 8th, 2025.

Dated at Middletown, Connecticut this 3rd day of January, 2024.

Ronnell A. Higgins, Commissioner
Department of Emergency Services and Public Protection





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:			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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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)

CT License #: A-2570

Investigation

CERTIFICATE HOLDER

CANCELLATION

CTLIC-1 Connecticut Commissioner of Public Safety/Connecticut State Police/Licensing & Fire 1111 Country Club Rd Middletown, CT 06457	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

BOND FOR PRIVATE DETECTIVE AND/OR SECURITY SERVICE

I, _____ of Beacon International Group, Inc. dba
(Name of licensee) of Beacon Investigative Solutions
(Company)

Of 4200 Regent St, Ste 200, Columbus
(Address)

County of Franklin and State of OH

as principal, and WESTERN SURETY COMPANY of Sioux Falls
(Surety) (Company)

County of Minnehaha and State of South Dakota authorized to do
business in the State of Connecticut, as surety, am held and bound to the Commissioner of Emergency Services
and Public Protection of the State of Connecticut and his successors in office, in the sum of **TEN THOUSAND
AND 00/100TH DOLLARS** (\$10,000) the payment of which the principal and surety jointly and severally bind
themselves, their heirs, executors, administrators, successors and assigns.

The conditions of this obligation are,

THAT the principal has made application to the Commissioner of Emergency Services and Public Protection of
the State of Connecticut for a license to operate in the business of Private Detective and/or Watchman/Armored
Car Service under the provisions of Chapter 534, Sections 29-153 through 29-161 of the Connecticut General
Statutes for the period commencing December 8th 2023 and ending
December 8th 2025.

IF the said Commissioner of Emergency Services and Public Protection grants this application and the principal
complies with the provisions of the general statutes covering such business, then this obligation shall be void;
otherwise to remain in full force subject, however, to the following conditions:

1. The liability of the surety may be terminated for good cause by giving thirty (30) days written notice, by
registered or certified mail, to the principal and to the Commissioner of Emergency Services and Public
Protection. Upon giving notice, the surety shall be discharged from all liability under this bond for any act or
omission of the principal occurring after the expiration of thirty (30) days from the date of service of the
notice.
2. Any suit or action brought under this bond shall be instituted within one (1) year from the date the service of
cancellation is effective or the bond expires.

This bond is for a period commencing the 8th day of December 2023, and ending the
8th day of December 2025.

IN WITNESS, the said principal and surety have signed and sealed this instrument this 18th day of
November 2023.

(Signature of witness as to the licensee)

(Signature of witness as to surety)

(Signature of licensee)

WESTERN SURETY COMPANY

(Signature of surety)

Larry Kasten,
Vice President

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that

BEACON INTERNATIONAL GROUP INC.

a corporation incorporated under the laws of OHIO and transacting business in the state of Connecticut
under the name

BEACON INTERNATIONAL GROUP INC.

filed an application for certificate of authority to transact business in this office on February 01, 2011.

A certificate of withdrawal has not been filed, the corporation has filed all annual reports, and so far as
indicated by the records of this office such corporation is authorized to transact business in Connecticut.



Secretary of the State

Date Issued: April 12, 2011

T 1221-Trade Name Certificate

JULIUS BLUMBERG, INC., LAW BLANK PUBLISHERS

Know all Men by these Presents,

The undersigned does hereby certify that he owns conduct and transact the business of
Beacon International Group Inc
under the assumed name of Beacon Investigative Solutions
and that the Post Office address of said business is

One Reservoir Corporate Centre, 4 Research Dr., Suite 402
Shelton, CT 06484

and that there are no other persons associated with the undersigned in the conduct of said business;
and that the post office addresses given below are correct.

One Reservoir Corporate Centre, 4 Research Dr., Suite 402
Shelton, CT 06484

IN WITNESS WHEREOF, have hereunto set hand at
this 23rd day of February 2011

Name.....

Address.....

Name.....

Address.....

Name.....

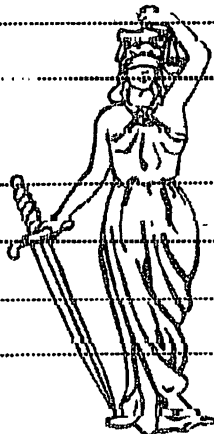
Address.....

Name.....

Address.....

Name.....

Address.....



Ohio
STATE OF ~~CONNECTICUT~~ } SS.:
COUNTY OF Franklin

On this the 23rd day of February 2011, before me,
Michael V. Orchard the undersigned officer, personally appeared

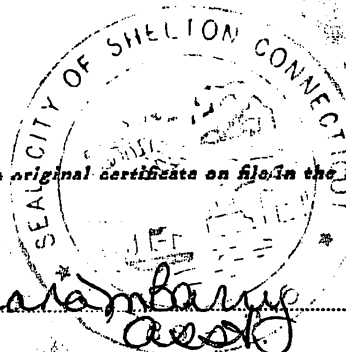
known to me (or satisfactorily proven) to be the person whose name
subscribed to the within instrument and acknowledged that he executed the same for the purposes
therein contained

In witness whereof I hereunto set my hand.



VIRGINIA J. LEE
Notary Public
In and for the State of Ohio
My Commission Expires
October 10, 2011

Michael V. Orchard President/CEO
Title of Officer



The above and foregoing is a true copy of the original certificate on file in the office of the Town
Clerk of the Town of Shelton

Attest:

Maria Ambrosio Town Clerk

01666 #

RECEIVED
MAR - 1 2011
PLANNING & ZONING