

Not Transferable

Issued: 03/31/2023

This is to certify that **BEACON INTERNATIONAL GROUP, INC DBA BEACON INVESTIGATION SOLUTIONS** of **COLUMBUS, OH** is duly licensed to transact business in the State of Iowa as a

Private Investigation Agency

from the date of issuance to 03/31/2025 unless sooner terminated.



Commissioner, Department of Public Safety

Number PI00231 Agency 1259

							BE	ACO-2		OP ID: MN	
ACORD			ERTIFICATE OF LIABILI							DATE (MM/DD/YYYY)	
		CE	RII				UKAN	JE	03	/09/2024	
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						CONTACT Michelle A Nowell					
	IS/Alliance Mktg. & Ins Serv Surplus Line Lic # 0K21904				NAME: Fax </td						
355 Via Vera Cruz #7 San Marcos, CA 92078 Michelle A. Nowell					E-MAIL ADDRESS: mnowell@amiscorp.com						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : StarStone Specialty Ins Comp					
INSURED						INSURER B :					
Beacon International Group Inc dba: Beacon Investigative						INSURER C :					
Solutions, Qualifying Agent Michael V Orchard					INSURER D :						
4200 Regent Street #200					INSURER E :						
Columbus, OH 43219						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,											
	XCLUSIONS AND CONDITIONS OF SU							TIEREIN IS SUBJECT T		THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADE		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			WSGP000596		03/25/2024	03/25/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	X Errors & Omission							MED EXP (Any one person)	\$	5,000	
		_						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:								ŝ		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			WSGP000596		03/25/2024	03/25/2025	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	1		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-N	ADE						AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
		<u>/ N</u>						E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / .	•					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / V	HICLES	(ACOR	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requir	ed)			
IA L	_icense #: PI_3020										
	Agency 1259										
Investigation											
CERTIFICATE HOLDER CA							CANCELLATION				
				IALIC-1							
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
lowa Dept of Public Safety Program Services Bureau 215 East 7th St, 4th Fl Des Moines, IA 50319-0040						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
											RIZED REPRESE
						Mulian of an					
							,,,,,,,				Thickelle a forwell

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.



The Market Market Assessment Assessment

No: W00719543 Date: 01/14/2011

SECRETARY OF STATE

490 FP-410120 BEACON INTERNATIONAL GROUP INC

ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Certificate of Authority

The document was filed on Jan 13 2011 10:50AM, to be effective as of Jan 13 2011 10:50AM.

The amount of \$100.00 was received in full payment of the filing fee.



MATT ARY OF STATE



No: W00727865 Date: 03/10/2011

SECRETARY OF STATE

490 FP-410120 BEACON INTERNATIONAL GROUP INC

ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Resolution to Adopt a Fictitious Name

The document was filed on Mar 10 2011 10:30AM, to be effective as of Mar 10 2011 10:30AM.

The amount of \$5.00 was received in full payment of the filing fee.

