License No.
22PLU-PD19328

License Expires:
July 31, 2025

State of Maryland

PRIVATE DETECTIVE LICENSE

THIS IS TO CERTIFY, That **BEACON INVESTIGATIVE SOLUTIONS**

having complied with the provisions of the Business Occupations and Professions Article, Title 13, Sections 13-101 thru 13-801, is hereby granted a LICENSE to conduct a PRIVATE DETECTIVE BUSINESS, subject to all the provisions of said Article, until the date of expiration shown hereon; the Representative Agency Member for said License being: MICHAEL ORCHARD

This license shall be displayed conspicuously at all times in the Office, or place of business, only at:

Office Location: 2560 HARLEM AVENUE , BALTIMORE MD 21216

and shall be returned to the Department of Maryland State Police within five days after expiration, revocation, or suspension.

In testament whereas I have hereto affixed my official signature this Twenty-Fifth day of October, Two Thousand Twenty-Two.

Superintendent, Maryland State Police

BEACO-2 OP ID: MN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/22/2026

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	CONTACT NAME: Michelle A Nowell
AMIS/Alliance Mktg. & Ins Serv CA Surplus Line Lic # 0K21904 355 Via Vera Cruz #7 San Marcos, CA 92078 Michelle A. Nowell 760-471-7116	PHONE (A/C, No, Ext): 760-471-7116 FAX (A/C, No): 760-471-9378 E-MAIL ADDRESS: mnowell@amiscorp.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : StarStone Specialty Ins Comp	44776
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Beacon International Group Inc
dba: Beacon Investigative Solutions, Qualifying Agent
Michael V Orchard
4200 Regent Street #200
Columbus, OH 43219

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	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE X OCCUR			WSGP000596	03/25/2026	03/25/2027	EACH OCCURRENCE	$ 1,000,000
	X Errors & Omission						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 5,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
A	AUTOMOBILE LIABILITY							
	ANY AUTO			WSGP000596	03/25/2026	03/25/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per person)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

MD License #: 106-4295

Investigation

CERTIFICATE HOLDER MDLIC-1

Maryland State Police
Licensing Division
1111 Reisterstown Rd
Pikesville, MD 21208

CANCELLATION

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

Michelle A Nowell

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STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE
STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE
STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR THE RIGHTS OF CORPORATIONS
TO TRANSACT BUSINESS IN THIS STATE AND THAT I AM THE PROPER OFFICER TO EXECUTE
THIS CERTIFICATE.

I FURTHER CERTIFY THAT BEACON INTERNATIONAL GROUP, INC., QUALIFIED JANUARY 14,
2011, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF
THE LAWS OF THE STATE OF OHIO AND THE CORPORATION HAS FILED ALL ANNUAL
REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS,
AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME
OF THIS

Paul B. Anderson
Charter Division

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

crblnk

R6961452

TRADE NAME APPROVAL SHEET
** KEEP WITH DOCUMENT **

_____

1000362001331083

TRANSACTION TYPE	FEES REMITTED
TN - Trade Name Registration	25-00
TA - Amendment	
TA1 - Amendment Owner Added	
TA2 - Amendment Owner Deleted	
TA3 - Amendment Owner Name Change	
TA4 - Amendment Location Added	
TA5 - Amendment Location Deleted	
TA6 - Amendment Location Changed	
TC - Cancellation	
TR - Renewal	

Affix Text Label Here

ID # T00325662 ACK # 1000362001331083
PAGES: 0002
BEACON INVESTIGATIVE SOLUTIONS

03/03/2011 AT 12:09 P WO # 0003770166

_____ Certified Copies

Copy Fee: _____

_____ Certificates

Certificate of Fact Fee: _____

_____ Other Change(s)

TOTAL FEES: 25-00

_____

_____

_____

NO FEE TRANSACTION TYPES

99T - Departmental Action
99TA - Departmental Action - Name Change
220T - Void Non-Payment
220TA - Departmental Action - Amendment
220TA1 - Departmental Action - Owner Added
220TA2 - Departmental Action - Owner Deleted
220TA3 - Departmental Action - Owner Name Change
220TA4 - Departmental Action - Location Added
220TA5 - Departmental Action - Location Deleted
220TA6 - Departmental Action - Location Changed
220TC - Departmental Action - Cancellation
220TR - Departmental Action - Renewal

Code _____

Attention: _____

Mail to Address:

BEACON INTERNATIONAL GROUP INC
2720 AIRPORT DR
COLUMBUS OH 43219-2219

Credit Card _____ Check ✓ Cash _____

_____ Documents on ____ Checks

_____

Approved By: _____

Keyed By: _____

COMMENT(S):

CUST ID:0002553586
WORK ORDER:0003770166
DATE:03-03-2011 12:09 PM
AMT. PAID:$25.00