

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.

A handwritten signature in black ink, reading "Woodrow W. Jones III".

Superintendent, Maryland State Police



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).

<b>PRODUCER</b> 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		<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>INSURED</b> Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Peleus Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 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 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)

MD License #: 106-4295

Investigation

## CERTIFICATE HOLDER

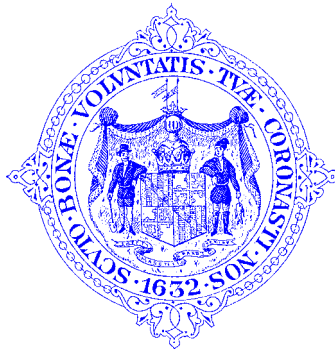
## CANCELLATION

<b>MDLIC-1</b>  Maryland State Police Licensing Division 1111 Reisterstown Rd Pikesville, MD 21208	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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***STATE OF MARYLAND***  
***Department of Assessments and Taxation***



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*



# TRADE NAME APPROVAL SHEET

**\*\* KEEP WITH DOCUMENT \*\***

# \_\_\_\_\_

## TRANSACTION TYPE

TN - Trade Name Registration  
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

## FEES REMITTED

25.00

\_\_\_\_ 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: AK

Keyed By: \_\_\_\_\_

COMMENT(S):



1000362001331083

Affix Text Label Here

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

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

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