



This Certifies that

### BEACON INVESTIGATIVE SOLUTIONS

Is hereby authorized to operate as a

### LICENSED PRIVATE DETECTIVE AGENCY

At

4200 Regent St, Ste 200, Columbus, OH 43219

Post Conspicuously in licensed place of business.

License #:

Date of Issue:

Date of Expiration:

828

October 4, 2020

September 30, 2021



OP ID: MN

ACORD

#### 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	ne te	rms and conditions of th	e polic	cy, certain po	olicies may	require an endorsement	. A :	statement on	
this certificate does not confer rights to the certificate holder in lieu of suppose 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  INSURED Beacon International Group Inc dba: Beacon Investigative						CONTACT Michelle A Nowell					
						NAME: 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 : Peleus Insurance Company					
						INSURER B:					
						INSURER C :					
Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200					INSURE						
					INSURER E :						
Columbus, OH 43219						INSURER F:					
СО	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REPORTED OR MAY BE ISSUED OR MAY SELUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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			PKV0000314		03/25/2023	03/25/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	χ 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	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ \$	1,000,000	
	ANY AUTO			PKV0000314		03/25/2023	03/25/2024	(Ea accident)  BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i ci accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							7.00.1207.112	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
								E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL License #: 828	LES (A	ACORI	O 101, Additional Remarks Schedu	ile, may b	e attached if moi	e space is requii	red)			
Inv	estigation										
<u></u>	DTIEICATE UOI DED				CAN	CELLATION					
UE	RTIFICATE HOLDER			NDLIC-1	CAN	CELLATION					
North Dakota Private Investigation & Security Board 513 East Bismark Expressway #5 Bismark, ND 58504						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					

# State of North Dakota SECRETARY OF STATE



## CERTIFICATE OF AUTHORITY OF

BEACON INTERNATIONAL GROUP INC Secretary of State ID#: 28,324,800

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that an application of

#### BEACON INTERNATIONAL GROUP INC.

for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the North Dakota Century Code, have been received in this office and are found to conform to law.

**ACCORDINGLY** the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Authority to

BEACON INTERNATIONAL GROUP INC.

to transact business in this State under the name of

BEACON INTERNATIONAL GROUP INC

Issued: January 17, 2011

Alvin A. Jaeger Secretary of State

# State of North Dakota SECRETARY OF STATE



# Certificate of Renewal of BEACON INVESTIGATIVE SOLUTIONS

SOS Control ID#: 0000243138

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that a Trade Name Renewal for

#### BEACON INVESTIGATIVE SOLUTIONS

duly signed pursuant to the provisions of the North Dakota statutes governing a trade name, has been received in this office and is found to conform to law.

**ACCORDINGLY,** the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Renewal of

#### BEACON INVESTIGATIVE SOLUTIONS

which is owned by BEACON INTERNATIONAL GROUP INC.

Filed date: December 15, 2020

Expiration date: January 17, 2026

Alvin A. Jaeger Secretary of State

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