Ohio Department of Public Safety Private Investigator Security Guard Services

BEACON INTERNATIONAL GROUP INC

BEACON INVESTIGATIVE SOLUTIONS
4200 Regent St, Suite/Apt: 200
Columbus OH 43219

License Number: 200921001481

Is hereby granted a "Class B License" to operate as a Private Investigator provider in accordance with the provisions of Chapter 4749 of the Ohio Revised Code.

Valid from 3/1/2023 through 3/1/2024

D. Andrew Wilson, Director Ohio Department of Public Safety

Department of Public Safety

Janille S. Stearmer, Acting Executive Director Private Investigator Security Guard Services



The issuance of this license does not waive any violations pending against the licensee, its qualifying agent, or employees.



OP ID: MN

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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	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 : StarStone Specialty Ins Comp					
						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	NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS 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	3		
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	
	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 (Ea accident)	\$ \$	1,000,000	
	ANY AUTO			WSGP000596		03/25/2024	03/25/2025		\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	76150 51121							, ,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
ОН	estigation	LES (A	ACORI) 101, Additional Remarks Schedu	ile, may t	e attached if moi	e space is requii	ea)			
CERTIFICATE HOLDER OHLIC-1 Ohio Dept of Public Safety PI/SG Licensing & Registr Unit PO Box 182001 Columbus, OH 43218-2001						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					

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BEACON INTERNATIONAL GROUP INC, an Ohio corporation, Charter No. 1834814, having its principal location in Hillsboro, County of Highland, was incorporated on February 9, 2009 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of December, A.D. 2018.

Ohio Secretary of State

for Hastel

Validation Number: 201836300406



DATE 05/10/2014 DOCUMENT ID 201413000096

DESCRIPTION
TRADE NAME RENEWAL (RNR)

FILING 25.00 XPED PENALTY

CERT COPY

Receipt

This is not a bill. Please do not remit payment

BEACON INTERNATIONAL GROUP 81 MILL STREET, SUITE 300 GAHANNA, OH, 43230

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1877974

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BEACON INVESTIGATIVE SOLUTIONS

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

TRADE NAME RENEWAL

201413000096

Effective Date: 05/10/2014



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of May, A.D. 2014.

Jon Hustel
Ohio Secretary of State