

BUSINESS LICENSE

Profit Corporation

Issue Date: Feb 16, 2024

Unified Business ID #: 603082538

Business ID #: 001 Location: 0002

Expires: Jan 31, 2025

BEACON INTERNATIONAL GROUP INC BEACON INVESTIGATIVE SOLUTIONS 800 BELLEVUE WAY NE STE 400 BELLEVUE WA 98004-4273

PRIVATE INVESTIGATIVE AGENCY - ACTIVE

TAX REGISTRATION - ACTIVE

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: ORCHARD, MICHAEL V

REGISTERED TRADE NAMES:

BEACON INVESTIGATIVE SOLUTIONS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

UBI: 603082538 001 0002

BEACON INTERNATIONAL GROUP INC
BEACON INVESTIGATIVE
SOLUTIONS
800 BELLEVUE WAY NE STE 400
BELLEVUE WA 98004-4273

STATE OF WASHINGTON

PRIVATE INVESTIGATIVE AGENCY - ACTIVE
TAX REGISTRATION - ACTIVE

Expires: Jan 31, 2025

Director, Department of Revenue



OP ID: MN

DATE (MM/DD/YYYY) 03/26/2023

CERTIFICATE OF LIABILITY INSURANCE

ACORD

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.

lf	SUB	ROGATION IS W	/AIVED, subject	to t	he te	rms and conditions of the ifficate holder in lieu of su	e poli	cy, certain p	olicies may					
PRODUCER 760-471-7116								CONTACT Michelle A Nowell						
AMIS/Alliance Mktg. & Ins Serv CA Surplus Line Lic # 0K21904							PHONE (A/C, No, Ext): 760-471-7116 FAX (A/C, No): 760-471-9378							
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 : Peleus Insurance Company					34118	
								INSURER B:						
Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219							INSURER C:							
							INSURER D :							
							INSURER E :							
Columbia, Oli TOE IV								INSURER F:						
co	VER/	AGES	CER	RTIFICATE NUMBER:				REVISION NUMBER:						
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						NT, TERM OR CONDITION THE INSURANCE AFFORD								
	XCLU:	SIONS AND COND				LIMITS SHOWN MAY HAVE	BEEN I							
INSR		TYPE OF INSUF		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	4 000 000	
Α	X	COMMERCIAL GENER								EACH OCCURRE		\$	1,000,000	
		CLAIMS-MADE	X OCCUR			PKV0000314		03/25/2023	03/25/2024	DAMAGE TO REI PREMISES (Ea o	ccurrence)	\$	100,000	
	X	Errors & Omiss	ion							MED EXP (Any or	ne person)	\$	5,000	
										PERSONAL & AD	V INJURY	\$	1,000,000	
	~	L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGR	EGATE	\$	5,000,000 1,000,000	
	X	X POLICY PRO- LOC								PRODUCTS - CO	MP/OP AGG	\$	1,000,000	
_	OTHER:									COMBINED SING	I F I IMIT	\$	1,000,000	
Α	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS					DIG (000004)		00/05/0000		(Ea accident)		\$	1,000,000	
						PKV0000314		03/25/2023	03/25/2024	BODILY INJURY		\$		
										BODILY INJURY PROPERTY DAM		\$		
	X	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)		\$		
												\$		
		UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE							EACH OCCURRE	NCE	\$		
				1						AGGREGATE		\$		
	_		•							PER STATUTE	OTH- ER	\$		
		KERS COMPENSATION EMPLOYERS' LIABILIT										\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. EACH ACCIE				
										E.L. DISEASE - P		\$		
	DESC	KIFTION OF OPERATI	ONS below							E.L. DISEASE - F	OLICT LIMIT	Ф		
DES	CRIPTI	ON OF OPERATIONS /	LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requir	red)				
WA	Lice	ense #: 3361		•						•				
		. (*												
inve	estig	ation												
CE	RTIF	CATE HOLDER					CANCELLATION							
WALIC-1 WA Department of Licensing								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Private Investigative Agency PO Box 9034							AUTHORIZED REPRESENTATIVE						
			/A 98507-9034				Mrch1000, 11 20,000							



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AUTHORITY

to

BEACON INTERNATIONAL GROUP INC

a/an OH Profit Corporation. Charter documents are effective on the date indicated below.

Date: 1/28/2011

UBI Number: 603-082-538

APPID: 1942342



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State