

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2025

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 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		CONTACT NAME: Michelle A Nowell PHONE (A/C, No, Ext): 760-471-7116 FAX (A/C, No): 760-471-9378 E-MAIL ADDRESS: mnowell@amiscorp.com	
INSURED Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219				INSURER(S) AFFORDING COVERAGE INSURER A : StarStone Specialty Ins Comp INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
				NAIC # 44776	

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:			WSGP000596	03/25/2025	03/25/2026	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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			WSGP000596	03/25/2025	03/25/2026	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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

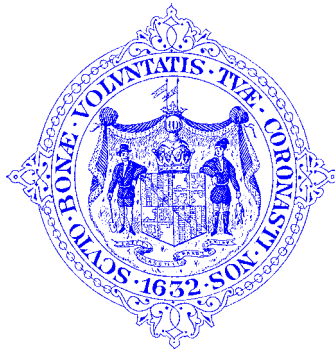
CANCELLATION

MDLIC-1 Maryland State Police Licensing Division 1111 Reisterstown Rd Pikesville, MD 21208	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 
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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 ****



<u>TRANSACTION TYPE</u>	<u>FEES REMITTED</u>
TN - Trade Name Registration	<u>25.00</u>
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: *A*

Keyed By: _____

COMMENT(S):

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

S
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