Peregrine Enforcement

Public Safety Division - Private Protection
Omaha, Nebraska
Email: pec-neb@outlook.com
Phone: 1-844-966-6248
Website: pec-neb.com

Private Protection Specialist Client Questionnaire

Client Information

First:	
Last:	
Address	
City, State, ZIP	
Phone Number	
Email Address	
Preferred Contact Method	□ Phone □ Email □ Text

---

1. Service Overview

1. What type of protection service is being requested?
   □ Personal/Executive Protection
   □ Event Security
   □ Residential Security
   □ Travel Security
   □ Other: _____
2. What is the primary reason for requesting protection services?
   □ Threat or harassment concerns
   □ High-profile status
   □ Business or corporate need

□ Temporary assignment

□ Other: _____

3. Desired start date of service: _____
4. Expected duration of service: _____
5. Preferred protection schedule (days/times):

---

2. Risk Assessment

1. Have there been any recent threats, incidents, or concerns?

   □ Yes □ No

   If yes, please describe:
2. Are there known individuals or groups posing a potential threat?

   □ Yes □ No

   If yes, provide details:
3. Are there specific locations or events requiring coverage?

   □ Yes □ No

   If yes, list them:
4. Are there any travel plans or public appearances involved?

   □ Yes □ No

   If yes, provide details:

---

3. Client Preferences

1. Preferred level of visibility:

   □ Low-profile (plain clothes)

   □ Medium-profile (business attire)

   □ High-profile (uniformed presence)
2. Other:_____
3. Preferred number of protection specialists: _____
4. Any gender preference for assigned personnel? □ Male □ Female □ No preference
5. Any specific skills or background desired (e.g., medical, law enforcement, military)?

---

4. Logistics and Coordination

1. Primary contact person during service: _____
2. Emergency contact name and number: _____
3. Authorized individuals for communication or coordination:
4. Any special instructions, restrictions, or confidentiality requirements:

---

5. Additional Information

1. Are there any medical conditions or allergies the team should be aware of?
   □ Yes □ No
   If yes, please specify:
2. Are there any pets, children, or household staff involved in the environment?
   □ Yes □ No
   If yes, please describe:
3. Any additional notes or requests:

---

6. Authorization

I certify that the information provided above is accurate to the best of my knowledge and understand that Peregrine Enforcement will use this information to assess and provide appropriate protection services.

Client Name:

Signature:

Date:

Peregrine Enforcement Representative:

Name:_____

Signature:_____

Date: _____
