Potential Client Questionnaire

Company Name:

Contact Person:

Phone/Email:

Date:

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1. What types of losses or security incidents have you experienced in the past year (e.g., theft, vandalism, internal shrinkage)?

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2. What areas of your property or operations do you feel are most at risk?

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3. Do you currently have any security measures in place (cameras, alarms, guards)? How effective have they been?

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4. What is your peak time for activity or risk (e.g., certain shifts, weekends, deliveries)?

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5. How do you currently handle incidents when they occur, and what improvements would you like to see?

6. What are your goals for partnering with a security company (reduced loss, visible deterrence, employee safety, or all of the above)?

Additional Notes:

Completed By (Potential Client):

Reviewed By (Security Company):