Potential Client Questionnaire

Company/Organization Name:

Primary Contact Person & Title:

Contact Information (Phone & Email):

Date:

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1. What types of losses, security incidents, or vulnerabilities have you experienced most recently, or in the past 6 to 12 months? Please specify incidents such as theft, vandalism, unauthorized access, internal shrinkage, cyber breaches, or property damage. Include approximate frequency and financial impact where possible.

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2. Which specific areas of your property, operations, or assets do you consider most vulnerable or at-risk? Please identify physical locations (e.g., parking areas, entry points, storage facilities) and operational concerns (e.g., cash handling, inventory management, sensitive data areas).

3. What security infrastructure and protocols do you currently have in place? Please detail existing measures including surveillance systems (cameras, monitoring), alarm systems, access control, security personnel, cybersecurity measures, and their current effectiveness. What gaps or limitations have you identified?

4. When do you experience peak operational activity or elevated security risk? Please specify high-risk time periods (shifts, days of week, seasonal patterns), high-volume transaction times, delivery/shipping schedules, and any patterns you've observed in past incidents.

5. Describe your current incident response procedures and protocols. How do you detect, document, respond to, and resolve security incidents? What improvements or additional support would enhance your incident management capabilities?

6. What are your primary objectives and expected outcomes from partnering with a professional security company? Please prioritize your goals such as: loss prevention and asset protection, visible deterrence and risk mitigation, employee and customer safety, compliance and liability management, operational efficiency, emergency response capabilities, or comprehensive security integration.

Additional Notes:

Completed By (Client Representative):

_____ **Date:** _____

Reviewed By (Security Consultant/Company Representative):

_____ **Date:** _____
