

BLACK BELT SECURITY & INVESTIGATIONS, LLC

60 Evergreen Place, Suite 510, East Orange, NJ 07018

WWW.BBSILLC.COM

800-493-1859

Initial Client Profile Contact Sheet/Security Survey

Date _____

Principal Contact Name: _____

Cellular Phone: _____

Fax Number: _____

Email Address: _____

Business Name: _____

Billing Address: _____

Tax ID/SS/EIN: _____

Service Location #1

Security Site Address: _____

Security Site Phone: _____

Security Site Manager or Alternate Contact Name/Cellular Phone:

Dates Services to Start & End at Location #1 are: _____

Security Hours Requested:

Monday Start Time: _____ End Time: _____

Tuesday Start Time: _____ End Time: _____

Wednesday Start Time: _____ End Time: _____

Thursday Start Time: _____ End Time: _____

Friday Start Time: _____ End Time: _____

Customer Initials:

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Saturday Start Time: _____ End Time: _____

Sunday Start Time: _____ End Time: _____

Other Scheduling Info:

Primary Duties To Be Performed (indicate those that apply):

General Site Security - Crowd Control - Parking Lot Security - Executive Protection
Carrier/Transportation Services - Vehicle Patrol - Loss Prevention

Other / Details:

Is Armed Security Personnel Requested? **Y / N** How many guards per shift? _____

Is Unarmed Security Personnel Requested? **Y / N** How many guards per shift? _____

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Site # 1 Security Background Questionnaire:

1. Has your business suffered from criminal mischief or property damage in the past year? **Y / N**
2. Has your business ever suffered from a robbery or armed attack of any kind? **Y / N**
3. Have any of your employees or customers been the victims of an attack or crime while on premise? **Y / N**
4. Does this facility normally contain persons with disabilities or special needs? **Y / N**
5. Does this facility have security cameras of any kind? **Y / N**
6. Does your business possess the proper licenses and documentation to legally operate in this jurisdiction? **Y / N**
7. Is there more than one entrance/exit to the premises? **Y / N**
8. Does your business contain a fire extinguisher on site? **Y / N**
9. Does your Business contain an AED or other emergency life saving type equipment and first aid kit on site? **Y / N**
10. Are any firearms or hazardous materials contained on premises? **Y / N**

Please explain any yes answers below including but not limited to the nature of incidents, location of any items, equipment or materials onsite noted above:

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Service Location #2

Security Site Address: _____

Security Site Phone: _____

Security Site Manager or Alternate Contact Name/Cellular Phone:

Dates Services to Start & End at Location 2 are: _____

Security Hours Requested:

Monday Start Time: _____ End Time: _____

Tuesday Start Time: _____ End Time: _____

Wednesday Start Time: _____ End Time: _____

Thursday Start Time: _____ End Time: _____

Friday Start Time: _____ End Time: _____

Saturday Start Time: _____ End Time: _____

Sunday Start Time: _____ End Time: _____

Other Scheduling Info:

Customer Initials:

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Primary Duties To Be Performed at Location #2 (indicate those that apply):

General Site Security - Crowd Control – Pat Down/Searching of Guests

Parking Lot Security - Executive Protection – Other as Determined by Formal Security Site Plan

Carrier/Transportation Services - Vehicle Patrol - Loss Prevention

Other / Details:

Is Armed Security Personnel Requested? **Y / N** How many guards per shift? _____

Is Unarmed Security Personnel Requested? **Y / N** How many guards per shift? _____

Site # 1 Security Background Questionnaire:

11. Has your business suffered from criminal mischief or property damage in the past year? **Y / N**
12. Has your business ever suffered from a robbery or armed attack of any kind? **Y / N**
13. Have any of your employees or customers been the victims of an attack or crime while on premise? **Y / N**
14. Does this facility normally contain persons with disabilities or special needs? **Y / N**
15. Does this facility have security cameras of any kind? **Y / N**
16. Does your business possess the proper licenses and documentation to legally operate in this jurisdiction? **Y / N**
17. Is there more than one entrance/exit to the premises? **Y / N**
18. Does your business contain a fire extinguisher on site? **Y / N**
19. Does your Business contain an AED or other emergency life saving type equipment and first aid kit on site? **Y / N**
20. Are any firearms or hazardous materials contained on premises? **Y / N**

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Sales Office Use Only:

Price Quoted Armed Guard Per Hour _____

Price Quoted Unarmed Guard Per Hour _____

Billing Terms:

Other:

Customer Initials:
