



Date (Day / Month / Year) _____ / _____ / _____

1. Full Name _____

2. Address _____

3. Occupation (be specific) _____

4. Threats or Suspicious activity (of ANY gravity) in last six months

5. Have you ever required close protection services in the past? YES NO

6. If yes, how frequently, why, and with what firm's assistance?

7. How many people are to be protected on this assignment? _____

8. Length of assignment (be as precise as possible)

9. Does the assignment require travel? If yes, explain.

10. Purpose of travel.

11. Is 24hr coverage required? YES NO

12 Do you prefer armed or unarmed protection? Armed unarmed

I, the undersigned, do hereby certify and believe all the foregoing to be true and accurate, to the best of my knowledge and information. I further undertake to advise ISCG Inc., or it's designate of any amendment or addition to the above, the determination of the gravity of which rests exclusively with ISCG, Inc., immediately upon its revelation to me. I further understand that my failure or refusal to do so may result in the immediate absolution of ISCG, Inc., from any further fiduciary obligations to either myself or any persons named or implied in the assignment.

Prospective Client

Fax to 310-581-6892