



THREAT ASSESSMENT

It is important to stress that the complete, accurate, and sometimes brutally honest completion of this form assists not only to determine the number, level, and calibre of Close Protection Operatives required for any given assignment, and thereby a reasonable fee quotation, but, perhaps more importantly, it's thoroughness bears a direct correspondence to the safety quotient for Clients and CPOs alike. Indeed, it is for that reason that openly false or overtly withheld information, directly conducive to proper threat evaluation may suffice to void any agreement between a Client and Bulletcatchers.ca Inc.

IT IS FOR THIS REASON THAT CONFIDENTIALITY, AND APPROPRIATE DISCRETION ARE COMPLETELY GUARANTEED.

Please feel free, therefore, to use additional paper as required.

Date (DD Month YY) _____

1. Name _____

2. Aliases/ Nicknames _____

3. Address _____

4. Height _____

5. Weight _____

6. Facial Hair _____

7. Glasses (Y/N) _____

8. Build (L/M/H) _____

9. Age _____

10. Occupation (be specific) _____

11. Associations (Social/ Professional/ Religious) _____

12. Threats or Suspicious Activity (of ANY gravity) in last six months

13. Have you ever required Close Protection Services in the Past? YES NO

14. If yes, how frequently, why, and with what Firm's assistance?

15. Why are you not using that Firm now?

16. Are you licensed to carry a firearm, and if yes, will you be carrying one on this assignment?

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

18. If more than one, list number and names of those who're licensed, and/ or will be carrying firearms

19. Length of Assignment (be as precise as possible) _____

20. What, if any family members are NOT included in this assignment?
(Bulletcatchers.ca may reserve the right to include any person or persons so listed.)

21. Does the Assignment require travel? If yes, explain.

22. Purpose of travel.

23. Is 24-hour coverage required? YES NO

24. Do you prefer armed or unarmed protection? _____

25. Have you, or anyone in your immediate Sphere of Influence (SOI) been involved in activity of any nature, which could give rise to threats (founded or otherwise) or avenues of extortion? (e.g. Drug, alcohol or gambling addictions, homosexual or fetish lifestyles)

26. What threat or source of extortion risk could you or any member of your SOI represent to someone else? (Even unrealistically)

27. Do you have any reason to believe anyone in your SOI holds any beliefs or values on areas of concern to them, which differ dramatically from your own? (ie- Abortion, politics, homosexuality, animal rights, etc.)

28. Have you ever noticed any comment, gesture, or action to indicate someone has more than a “normal” level of envy or admiration for your social stature?

29. Have you or any member of your SOI been involved, voluntarily or otherwise in any form of criminal activity? (NB This information remains privileged, even if Bulletcatchers.ca Inc. is not retained.) If yes, explain.

30. How much of your intended itinerary involves travel (of any form or distance)?

31. Tell us about you. Your favourite foods, drinks, leisure activities (at home and/or travel), covert leisure activities (ie: non-prescription drug preferences, prostitute patronage) medical conditions, blood type, dietary restrictions or intolerances, allergies, and addictions.

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 Bullecatchers.ca Inc., or its designate of any amendment or addition to the above, the determination of the gravity of which rests exclusively with Bullecatchers.ca 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 Bullecatchers.ca Inc. from any further fiduciary obligations to either myself, or any persons named or implied in the Assignment.

Prospective Client

Date

Fax to: 416 696 2727