

EVENT INFORMATION

| | |
|-------------------------|-----------------------|
| Event Name: | |
| Booth Info: | Company Name, Booth # |
| On Site Contact: | Name and Phone |

CUSTOMER INFORMATION

| | |
|-------------------------|--|
| Billing Company: | |
| Billing Contact: | |
| Billing Address | |
| Phone: | |
| Email: | |

Project Number:

EXAMPLE

REQUESTED SECURITY COVERAGE

| OFFICERS | Monday | DAY | DAY | DAY | DAY | DAY | TOTALS |
|----------|-------------------------------------|----------|----------|----------|----------|----------|--------|
| | 1/1/2024 | 0/0/2025 | 0/0/2025 | 0/0/2025 | 0/0/2025 | 0/0/2025 | |
| 1 | 8AM-4PM 8 | | | | | | 0 |
| 2 | Start Time - End Time # of Hours | | | | | | 0 |
| 3 | Start Time - End Time # of Hours | | | | | | 0 |
| | 8 | 0 | 0 | 0 | 0 | 0 | 0 |

| Billable Item: | Hours | Rate | Total Cost: |
|-----------------------------|-------|-----------|-------------|
| Security Guard | 0 | \$ 65.00 | \$ - |
| Supervisor | 0 | \$ 65.00 | \$ - |
| Armed | 0 | \$ 150.00 | \$ - |
| STATE Sales Tax (7%) | | | \$ - |
| Total | | | \$ - |
| 70% Deposit Amount | | | \$ - |

Client agrees to indemnify, defend, and hold harmless United Security Services Inc., their officers, directors, agents and employees from and against any and all liability, damages, actions, suits, claims, costs and expenses, including reasonable attorney's fees, incurred by any of the indemnities' caused by or arising from the negligence, gross negligence, or intentional misconduct of client, its officers, directors, employees, agents or contractors.

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Client Signature

Date

Once completed, please email to jonorato@unitedhq.com for review and followup. If you have any questions, please reach out to John-Paul Onorato at jonorato@unitedhq.com or 714.287.0711

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| | | REQUESTED SECURITY COVERAGE | | | | | |
|-----------------|-------------------------------------|------------------------------------|------------|------------|------------|------------|---------------|
| OFFICERS | EXAMPLE | DAY | DAY | DAY | DAY | DAY | TOTALS |
| | | Monday 1/1/2024 8AM-4PM 8 | 0/0/2025 | 0/0/2025 | 0/0/2025 | 0/0/2025 | |
| 1 | Start Time - End Time # of Hours | | | | | | 0 |
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| <i>Client Signature</i> | <i>Date</i> |

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