

Security Services Proposal

Fill in every blank. Delete any section the RFP does not ask for — do not leave it empty.

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1. COVER	
Prepared for (client, contact, title)	
Prepared by (company, contact)	
Date submitted	
Proposal valid until	
RFP / reference number	

2. EXECUTIVE SUMMARY
Half a page. The client's problem in their words, what you will do about it, the staffing in one line, the total price in one line, and why your company. Write it last.

3. OUR UNDERSTANDING OF THE SITE
What you learned on the walk-through: the site, the hours, the risks, what went wrong with the previous provider if they told you. Proves you listened.

4. SCOPE OF SERVICES				
Service / post	Location on site	Days	Hours	Hours per week
EXAMPLE: Lobby officer	Main entrance	Mon–Fri	07:00–19:00	60

5. POST ORDERS SUMMARY

Post	Purpose of the post	Key duties	Escalation (who is called)

6. STAFFING PLAN

Position	Qty	License / qualification	Site training	Armed / unarmed

6B. SUPERVISION, RELIEF AND BACKFILL

Who supervises, how often they visit, how a call-off is covered and how fast.

7. PRICING (SEE THE EXCEL FILE FOR THE CALCULATED VERSION)

Post / service	Hours per week	Bill rate (\$/hr)	Weekly (\$)	Monthly (\$)	Annual (\$)

7B. PRICING TERMS

Holiday billing (which holidays, what rate)	
Overtime billing terms	
Additional / ad-hoc hours rate	
Rate adjustment clause (wage changes)	
Invoicing frequency and payment terms	

8. SERVICE LEVELS

Measure	Target	How it is measured	How it is reported
Post coverage (scheduled hours filled)	____ %		
Patrol / checkpoint completion	____ %		
Serious incident — client notified within	____ min		
Written incident report delivered within	____ hrs		
Client request acknowledged within	____ hrs		
Officer replaced at client request within	____ days		

9. REPORTING AND COMMUNICATION

Report / meeting	Frequency	Format / channel	Recipient
Daily activity report			
Incident reports			
Monthly service report			
Account review meeting			

10. TRANSITION AND START-UP PLAN

Dates for hiring, site training, post orders sign-off and first shift. Who the client's single point of contact is during start-up.

11. LICENSING AND INSURANCE

Company license number(s) and state	
General liability coverage (attach certificate)	
Workers' compensation (attach certificate)	
Other coverage the RFP requires	

12. REFERENCES

Client	Contact name	Phone / email	Service and years

13. ACCEPTANCE

Client authorized signature / name / date	
Provider authorized signature / name / date	

Blank template. Check it against your state licensing rules, your insurer and your client contract before use.