

International Placement Services, Inc.

101 S. Hanley Rd., Ste 700
St. Louis, MO 63105

HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

(Please complete for each location)

Applicant Name: _____
Name of Complex: _____
Applicant's Interest in building: _____
Address: _____

Number of Buildings: _____ Number of Stories: _____
Number of Units: _____ Square Footage: _____
Construction: _____
Age: _____ Date Purchased: _____
Has the applicant sold or divested interest in any building during the past five years? Yes ___ No ___

Year of Updates: Wiring _____ Electrical _____ Roof _____ Plumbing _____
Are any buildings or units currently undergoing any renovations? Yes ___ No ___

Does each building have a sprinkler system? Yes ___ No ___
Are smoke detectors installed in each unit? Yes ___ No ___ Hard Wired ___ Battery Operated ___
Are there Fire Extinguishers? Yes ___ No ___ How many? _____

Describe the type of lock on:
The Front and Rear door of each unit: _____
Windows: _____
Entrance Doors to the Building: _____
Describe the Building Security System:
Front Door Buzzer Entry Yes ___ No ___ Security Guard employee Yes ___ No ___
Lobby Camera Yes ___ No ___ Security Guard contracted Yes ___ No ___
Doorman Yes ___ No ___ Armed Security Guard Yes ___ No ___
Gate Attendant Yes ___ No ___ Is the entire complex gated? Yes ___ No ___

Is there a swimming pool? Yes ___ No ___ Depth markings on poolside? Yes ___ No ___
Lifeguard on duty? Yes ___ No ___ Safety equipment? (ie. shepherds hook) Yes ___ No ___
Fenced with self-latching gate? Yes ___ No ___ Height of fence surrounding pool? _____
Other recreational facilities? Yes ___ No ___ If yes, describe: _____

Are dogs allowed? Yes ___ No ___ Size or breed restrictions? Yes ___ No ___
Describe policy: _____

Does applicant use a standard lease agreement? Yes ___ No ___ Attach copy of standard lease.
Does applicant have a written eviction policy? Yes ___ No ___ Number of evictions in the past year: _____

What is the highest unit rental rate? _____ What is the lowest unit rental rate? _____
What is the occupancy rate? _____ % Number of vacant units: _____
Are there any subsidized rent units or HUD properties? Yes ___ No ___ How many? _____
Explain: _____

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|---|
| Expiring General Liability Carrier: _____ |
| Policy Term: _____ Expiring General Liability Premium: \$ _____ |
| Five year documented loss history is: attached _____ |

| Five Year Loss Information | | | | | |
|---|---------|-------------|----------|----------------|-------------|
| Year | Company | Paid Losses | Reserves | Valuation date | Claim Count |
| | | | | | |
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| Check here if no claims have been reported to any insurance company during the past five years: | | | | | |

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| During the past five years has any insurance company canceled, declined or refused to issue, or refused to renew similar coverage to the applicant? Yes ___ No ___ |
| Has any lawsuit ever been filed, or any claim otherwise been made against the applicant or any partnership or joint venture of which the applicant has been a member or the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability? Yes ___ No ___ If yes, please provide complete details as an addendum. |
| Is the applicant aware of any incident, circumstances, incidents that be might expected to give rise to a claim or lawsuit, whether valid or not, which might involve the applicant? Yes ___ No ___ If yes, please provide complete details as an addendum. |

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|--------------------------------------|--------------------|
| Signature of Applicant: _____ | Date: _____ |
| Printed Name and Title: _____ | |