

SEWER BACK-UP QUESTIONNAIRE

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY

APPLICANT INFORMATION		
Name of Applicant(s):		
Risk Location Address: Phone:		
Broker:		
Policy Number:		
UNDERWRITING		
Residence has plumbing exposures in the basement (i.e., shower, toilet, sink): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ground around residence slopes away from the dwelling: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has dwelling had incident(s) of sewer backup, basement flooding, foundation seepage or water damage in the past 5 years: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide date of loss, amount of damage and type of damage incurred on each loss.		
Date of Loss (mm/dd/yyyy)	Amount of Loss (\$)	Type of Damage Incurred
Corrective measures taken to prevent further losses or incidents (describe):		
BACK WATER VALVES		
Backwater valve installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If no, please proceed to next section.</i>
Professionally installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date installed:
Type of valve: <input type="checkbox"/> Backwater Valve (normally open- installed on the main sewer line of the dwelling) <input type="checkbox"/> Branch Line Valve – normally closed – protects dwelling from reverse flow <input type="checkbox"/> Floor drain protection only		
SUMP PUMPS		
Sump Pump protected: <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If no, please proceed to next section.</i>
Sump Pump alarmed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sump pump was professionally installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date installed (mm/dd/yyyy):		
Sump Pump powered by: <input type="checkbox"/> Battery <input type="checkbox"/> Electric <input type="checkbox"/> Other, describe:		
If Electric was selected: backup battery: <input type="checkbox"/> Yes <input type="checkbox"/> No Backup generator: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SEPTIC SYSTEM		
Septic system: <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If no, please proceed to next section.</i>
Professionally installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Septic system alarmed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last maintenance (mm/dd/yyyy):		
EAVES TROUGH AND LANDSCAPING		
Eavestrough discharging to: <input type="checkbox"/> Weeping Tiles <input type="checkbox"/> Sewer Drain <input type="checkbox"/> Yard <input type="checkbox"/> Other, describe:		

Downspouts are directed back into the basement and connected to the basement sewer pipe installation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, basement pipe been capped: <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance from your dwelling the downspouts been extended: _____ <input type="checkbox"/> meters <input type="checkbox"/> feet
Land is graded to allow drainage to flow away from the foundation on all sides of dwelling: <input type="checkbox"/> Yes <input type="checkbox"/> No	
WATER SENSORS	
Water sensors: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of water sensors:
Water sensors are monitored: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensors automatically shut off main water line when activated: <input type="checkbox"/> Yes <input type="checkbox"/> No

BROKER SIGNATURE:	DATE SIGNED:
APPLICANT SIGNATURE:	DATE SIGNED: