Reset

SEWER BACKUP QUESTIONNAIRE

INSURANCE COMPANY	POLICY / BINDER NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS	2. BROKERAGE/AGENCY INFORMATION
POSTAL CODE	POSTAL CODE

CONTACT NUMBER(S)				BROKER CODE	CONTACT NAME
TYPE	NO.	TYPE	NO.		
TYPE	NO.	TYPE	NO.	PHONE NO.	FAX NO.
PREFERRED DOCUMENT LANGUAGE	☐ ENGLISH	☐ FRENCH		CONTRACT NUMBER	SUB-CONTRACT NUMBER
EMAIL ADDRESS				GROUP / PROGRAM NAME	GROUP ID
WEBSITE ADDRESS				BROKER CLIENT ID	COMPANY CLIENT ID

3. UNDERWRITING / RATING DETAILS

RISK ADDRESS

OCCUPANCY / OWNERSHIP DATE YYYY/MM/DD

LIMIT REQUESTED: $_____

RISK	QUESTION		IF YES, PROVIDE DETAILS
BASEMENT PLUMBING	DOES YOUR RESIDENCE HAVE PLUMBING IN THE BASEMENT (SHOWER, TOILET, SINK)?	☐ YES ☐ NO	
BACKWATER VALVE	DOES YOUR BASEMENT HAVE A BACKWATER VALVE?	☐ YES ☐ NO	☐ NEW STYLE BACKWATER VALVE WITH FLAPPER THAT PROTECTS THE BASEMENT PLUMBING AND CATCH BASIN ☐ OLDER STYLE BACKUP VALVE THAT PROTECTS ONLY THE CATCH BASIN DATE INSTALLED _____ YYYY/MM/DD
SUMP PUMP	DOES YOUR RESIDENCE HAVE A SUMP PUMP IN A PIT? WHERE DOES THE SUMP PUMP RELEASE?	☐ YES ☐ NO	DATE INSTALLED _____ YYYY/MM/DD
EAVESTROUGHING	ARE DOWNSPOUTS CONNECTED DIRECTLY TO YOUR WEEPING TILES OR SEWER DRAIN?	☐ YES ☐ NO	HOW FAR AWAY FROM YOUR RESIDENCE HAVE THE DOWNSPOUTS BEEN EXTENDED? _____ FEET OR _____ METERS

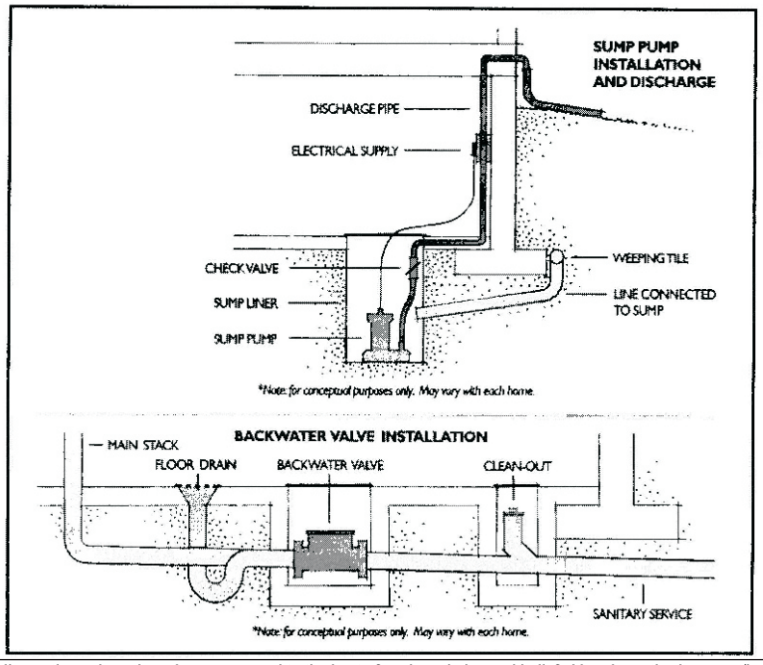
4. LOSS HISTORY

HAS THERE BEEN ANY BASEMENT FLOODING OR WATER DAMAGE? ☐ YES ☐ NO IF YES, COMPLETE THE CHART BELOW:

LOSS DATE	DESCRIPTION OF LOSS	AMOUNT OF DAMAGE	AMOUNT PAID	WHAT PREVENTATIVE MEASURES HAVE BEEN TAKEN?

Note: Any application with a sewer backup loss or any other water problem is subject to company approval for coverage availability and applicable limits. Sewer backup coverage may not be available in certain areas. Please check with the Insurance Company.

Home Basement with Sump Pump and Backwater Valve



5. REMARKS

All questions above have been answered to the best of my knowledge and belief. I hereby authorize agent/broker and/or insurance company to obtain the claims history in connection with this application for insurance, its renewal or any amendments thereof.

INSURED'S SIGNATURE

BROKER / AGENT NAME (Please print) | SIGNATURE OF BROKER / AGENT | DATE

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