

Sewer Back-Up Questionnaire

INSURED'S NAME AND MAILING ADDRESS:
LOCATION OF DWELLING :

BROKER:
BROKER CODE:
BRANCH :

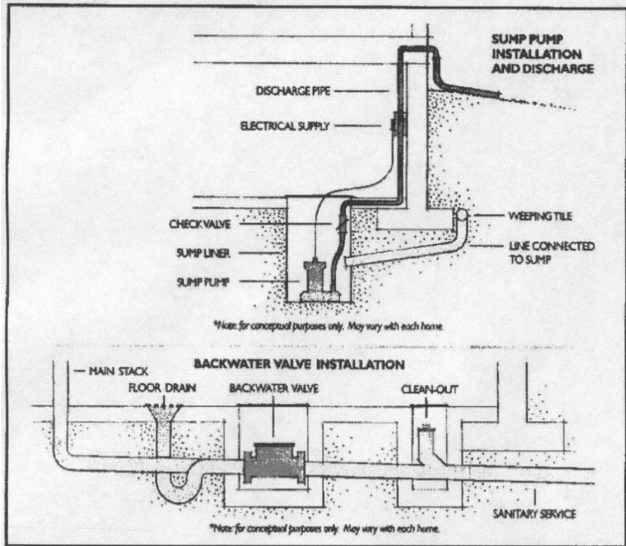
POLICY NO. (OR <input type="checkbox"/> NEW)
EFFECTIVE OR RENEWAL DATE :

PLUMBING INFORMATION

ARE ANY OF THE FOLLOWING DEVICES INSTALLED AT THE LOCATION:

UNDERWRITING / RATING DETAILS			
RISK	QUESTION		IF YES, PROVIDE DETAILS
BASEMENT PLUMBING	DOES YOUR RESIDENCE HAVE PLUMBING IN THE BASEMENT (SHOWER, TOILET, SINK)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BACKWATER VALVE	DOES YOUR BASEMENT HAVE A BACKWATER VALVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OLDER STYLE BACKUP VALVE THAT PROTECTS ONLY THE CATCH BASIN <input type="checkbox"/> A FLAPPER STYLE BACKWATER VALVE THAT PROTECTS THE BASEMENT PLUMBING AND THE CATCH BASIN <input type="checkbox"/> A GATE STYLE BACKWATER VALVE THAT REQUIRES MANUAL INTERVENTION TO CLOSE <input type="checkbox"/> A COMBINATION FLAPPER/GATE STYLE BACKWATER VALVE DATE INSTALLED :
SUMP PUMP	DOES YOUR RESIDENCE HAVE A SUMP PUMP IN A PIT? WHERE DOES THE SUMP PUMP RELEASE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSTALLED
BACK-UP POWER SOURCE FOR SUMP PUMP	IS A BACK-UP POWER SOURCE INSTALLED FOR SUMP PUMP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INTERNAL BACKUP BATTERY <input type="checkbox"/> PORTABLE GENERATOR <input type="checkbox"/> STANDBY GEENRATOR DIRECTLY WIRED TO HOME <input type="checkbox"/> OTHER – DETAIL BELOW
EAVESTROUGHING	ARE DOWNSPOUTS CONNECTED DIRECTLY TO YOUR WEEPING TILES OR SEWER DRAIN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW FAR AWAY FROM YOUR RESIDENCE HAVE THE DOWNSPOUTS BEEN EXTENDED? ____ FEET OR ____ METERS
SEWER EJECTOR	DOES YOUR RESIDENCE HAVE A SEWER EJECTOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

HOME BASEMENT WITH SUMP PUMP AND BACKWATER VALVE



FURTHER INFORMATION/CLARIFICATION ON ANY OF THE ABOVE:

WHAT CORRECTIVE MEASURES HAVE BEEN TAKEN SINCE THE LOSS(ES)?

SIGNATURE

THE ABOVE ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF INSURED:

DATE :