



# Residential Water Exposure Questionnaire

Intact Insurance Company

Customer Name:	Address:
Policy Number:	Broker Name:

Keeping your home safe and sound is important. And when it comes to protecting your home, it's important to consider water. Whether it's a leaking roof, sewage backing up into your home, or a faulty appliance, even a little bit of water can cause a lot of damage.

Completing this questionnaire will help us understand how well your home is protected against potential water damage, if any additional steps should be taken, and if you have the right coverage

Please complete and return this questionnaire within 30 days. Consult your broker for questions about this questionnaire or insurance coverage.

Home Maintenance		Provide the last year updates were completed <u>or</u> provide the original year for the following:			
	Year	Full	Partial	Unknown	
Roof		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other:
Plumbing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Other:
Basement:	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Finished - %	<input type="checkbox"/> N/A	List the age of the hot water tank (if applicable):	
Has any water seepage occurred in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, where? <input type="checkbox"/> Window <input type="checkbox"/> Roof <input type="checkbox"/> Basement    Other:      Has the leak been repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Water Damage Protection	Professionally Installed?	Date Installed
Does your home have a Sump Pump? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does Sump Pump have a backup battery / other power source? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe:		
Does Sump Pump have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Does your home have a Back Water Valve? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is a Back Water Valve installed on main sewer line? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Does your home have a Monitored Flood Alarm and/or Automatic Shut off Valve? <input type="checkbox"/> Yes <input type="checkbox"/> No    if yes, # of Sensors:		

## Water Damage Prevention

Exposure to Water Damage losses can be reduced. Check off if you have one or a combination of the following preventative measures:

- Downspouts connected to weeping tiles are disconnected and drain onto the ground
- Downspouts extended more than 6 feet (1.8 meters) away from your home
- Water proof membrane applied under shingles (if roof had history of leaking)
- Sump pump discharge pipe extends more than 6 feet (1.8 meters) away from your home
- Lawn graded to drain water away from all exterior walls
- Installed a rain barrel
- Installed a tankless hot water heater.
- Rubber hoses connected to household appliances were replaced with steel braided varieties

Professional Plumber / Engineer have recommended improvements to your home drainage system. If yes, please explain:

\_\_\_\_\_

Describe all other measures taken to reduce the likelihood of water damage:

\_\_\_\_\_

## Signature

With respect to this policy, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature of Applicant/Insured

Date

# Vacancy Questionnaire

Intact Insurance Company

Name of Insured	Policy Number
Address of Location	Date
Broker Name	Broker Code

## Vacancy

1. What was the date the home first became vacant?
2. Why is the home Vacant?     House for Sale     Awaiting Occupancy     Other – *Please Specify:*
3. How long will the home be vacant?  
months

## Protection

4. Are outside doors and windows fully secured and locked?  
 Yes     No
5. Is a key for the property in the hands of a competent person who checks the building on a daily basis?  
 Yes     No
6. Is the property easily viewed from the road?  
 Yes     No

## Maintenance

7. Have any public utilities (hydro, telephone, water, gas) been left in service? If so, for what reason?  
 Yes     No
8. Have all electrical appliances, if any, been disconnected?  
 Yes     No
9. Is the property being maintained in a usable and saleable condition at all times?  
 Yes     No
10. What arrangements have been made to maintain the property and attend to the grounds? For example, grass cutting, newspaper collection, snow removal.

## Broker

11. Have you visited the property to verify the above answers?  
 Yes     No
12. Is the general maintenance, overall appearance and prospects for re-occupancy such that you can recommend this property for insurance?  
 Yes     No

Date	Signature of Agent/Broker
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