



WATER DAMAGE QUESTIONNAIRE

For losses within the last 7 years, please complete sections A/B or A/C or A/B/C, accordingly

Broker Name: _____
 Insured Name(s): _____
 Policy #: _____
 Address: _____

SECTION A: PRIOR WATER DAMAGE HISTORY

	Yes/No/Unknown	
DETAILS	Date(s)/Occurrence(s):	
	Area of Loss (roof, basement, window, appliance, other):	
	Was the damage fully repaired?	
	Was the repair completed by a professional contractor(s)?	
	What corrective measure(s) have been taken <u>after the loss(es)</u> to prevent the loss from reoccurring?	
	Please explain:	
	After the loss(es) has any Insurance company refused renewal, restricted or denied coverage?	
	Please explain:	

SECTION B: SEWER BACK UP

	Yes/No/Unknown	
BASEMENT	Basement finished?	
	If yes, % finished	
	Is there a garage below grade?	
	Plumbing in basement (shower, laundry, sink, bathroom, kitchen, etc.) ?	
BACKWATER VALVE	Is there a backwater valve installed?	
	If yes,date installed:	
	Is it installed inside your home, connection at or below the floor drain or is it installed outside	
	Professionally installed?	
SUMP PUMP	Does it receive regular maintenance?	
	Is there an automatic sump pump?	
	If yes,date installed:	
	Professionally installed?	
	Does the sump pump have a backup?	
	If yes,type (generator, battery, water pressure):	
	Does the sump pump have an alarm?	
Does the sump pump discharge pipe extend more than 6' away from the dwelling?		
OTHER	Does it receive regular maintenance?	
	Are downspouts disconnected from weeping tiles and drain onto the ground?	
	Distance downspouts extended from dwelling? (2', 4', 6', other)	
	Does the ground around your residence slope away from your dwelling?	
	Are you connected to a private (septic) system?	
Are you connected to a municipal sewer system?		

SECTION C: OTHER TYPES OF WATER DAMAGE

ROOF	Year (please provide the last update year):	
	Full/Partial/Unknown	
	Material Type (<i>asphalt shingles, metal tile, other tile, etc.</i>)	
	Flat roof?	
	If flat roof, what percentage?	
	Waterproof membrane under shingles?	
	Valley, skylight or dormer windows?	
PLUMBING	Year (please provide the last update year):	
	Full/Partial/Unknown	
	Copper (%):	
	Plastic (%):	
	Other (%):	
	Full bathroom #: / Half bathroom #:	
HOT WATER TANK	Year (please provide the last update year):	
	Tankless Water Tank:	
	Tank Type (rental or owned):	
OTHER	Have all the rubber/plastic hoses connected to any household appliances been replaced with steel braided varieties?	
	<i>If yes, date installed:</i>	
	Is there an automatic water shut off valve or a monitored alarm in place?	
	Any other preventative measures not listed above?	
	<i>If yes, describe:</i>	

Date: _____