

SEWER BACK-UP QUESTIONNAIRE

BROKER NAME & NUMBER : _____

POLICY NUMBER : _____

NAME OF INSURED : _____

LOCATION : _____

1. Has this location experienced prior basement flooding or sewer back-up ? (circle one) YES NO

When? _____

What corrective measures were taken? _____

2. Is there a sump pump in the home? (circle one) YES NO

When was it installed? _____

Is the sump pump equipped with a battery back-up device for power failure? (circle one) YES NO

3. Is this location equipped with backflow valve(s)? (circle one) YES NO
(a.k.a. backwater, check or gate valves)

Please indicate type of valve:

____ “Normally Open” on main building drain

____ “Normally Closed” on each branch drain or fixture

Date of installation _____

4. Are eavestroughs or downspouts attached to the sewer drain or weeping tiles? (circle one) YES NO

5. Is the basement finished? (circle one) YES NO

Approximate value? _____

Are there plumbing fixtures in the basement (toilet/sink/shower)? (circle one) YES NO

**** SEWER BACK-UP COVERAGE IS SUBJECT TO COMPANY APPROVAL ****
**** OF COVERAGE AVAILABILITY AND APPLICABLE LIMITS ****

All answers to the above questions are correct and to the best of my knowledge and belief.

I/We hereby authorize that reports containing claims history may be sought in connection with this application for insurance or renewal, extension or variation thereof.

INSURED(S) SIGNATURE _____

DATE _____