

**Water and Sewer Back-Up Questionnaire**

Date:	Policy No.:	Location Address:
Name of Insured:		Broker Name:

Please provide the information requested for the above location to ensure that we have the most current details on file. The responses to some of these questions will assist in determining the amount of coverage you are eligible to purchase.

How long have you lived at this location? \_\_\_\_\_

**Basement Plumbing**

Does your residence have plumbing exposures in the basement (i.e. shower, toilet, sink)? Yes  No

**Backwater Valves**

Do you have a backwater valve installed? Yes  No

If Yes, was it professionally installed? Yes  No

Date installed (dd/mm/yy): \_\_\_\_\_

- What Type:  Backwater Valve - normally open - installed on the main sewer line of the dwelling  
 Branch line Valve - normally closed - protects dwelling from reverse flow  
 Floor drain protection only

**Sump Pumps**

Sump protection:  Yes  No      Is it alarmed?:  Yes  No

If Yes, was it professionally installed? Yes  No

Date installed (dd/mm/yy): \_\_\_\_\_

Sump pump powered by:

- Battery  
 Electric  
- If Electric, is there a back up generator? Yes  No   
- If Electric, is there a back up battery? Yes  No   
 Other: \_\_\_\_\_

**Septic Systems**

Do you have a septic system? Yes  No

If Yes, was it professionally installed? Yes  No

If Yes, date of last maintenance (dd/mm/yy): \_\_\_\_\_

Is there an alarm system on your septic system? Yes  No

<b>Eavestroughs &amp; Landscaping</b>		
Are the downspouts directed back into the basement and connected to the basement sewer pipe installation? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, has the basement pipe been capped? Yes <input type="checkbox"/> No <input type="checkbox"/>	How far away from your dwelling have the downspouts been extended? _____ <input type="checkbox"/> meters <input type="checkbox"/> feet
Is land graded to allow drainage to flow away from the foundation on all sides of dwelling? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Water Sensors</b>		
Do you have water sensors? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____	Are the water sensors monitored? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do the sensors automatically shut off the main water line when activated? Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Prior Losses</b>		
Has this dwelling had any basement flooding or water damage in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide date of loss, amount of damage and type of damage incurred on each loss.		
<b>Date of Loss</b>	<b>Amount of Loss</b>	<b>Type of Damage Incurred</b>

Was the damage insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the name of the Insurance Company and Policy Number.	
Name of Insurance Company _____	Policy number _____
What corrective measures have been taken: _____	

\_\_\_\_\_  
Signature of Applicant/Insured

\_\_\_\_\_  
Date