

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 ☐

Eavestroughs & Landscaping		
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"/>		

Water Sensors		
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"/>

Prior Losses		
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.		
Date of Loss	Amount of Loss	Type of Damage Incurred

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