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| **Farm Sewer Backup Questionnaire** |  |

**SEWER BACK-UP COVERAGE IS SUBJECT TO APPROVAL BY INTACT WITH RESPECT**

**TO COVERAGE AVAILABILTY AND APPLICABLE LIMITS**

**Completion of this questionnaire does not bind or guarantee coverage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Broker Name: |  | | | Broker #: |  |
| Policy # or Quote #: | | |  | | |
| Applicant name: | |  | | | |
| Location address, including road, 911 number, lot and concession number and township: | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has this location experienced prior basement flooding incidents? | | Yes | No | If YES, when: |  | | |
| Has this location experienced prior sewer back up incidents? | | Yes | No | If YES, when: |  | | |
| Provide details of corrective measures taken since the loss(es) to prevent future occurrences: | | | | | | | |
| Is there a sump pump in working order at this location? | | Yes | No | If YES, date installed? | | |  |
| Is the sump pump equipped with a battery backup for power failure? | | Yes | No |  | | |  |
| Is there a backflow prevention valve (also know as backwater, check or gate valves)? | | | | Yes  No | | | |
| If YES, date installed? |  | | | | | | |
| Are eaves troughs downspouts attached to the sewer drain? | | Yes | No |  | | | |
| Are eaves troughs downspouts attached to the weeping tiles? | | Yes | No |  | | | |
| If eaves trough downspouts discharges on yard, please indicate the distance it is extended away from the residence. | | | | | |  | |
| If the basement is finished, please indicate the approximate value: | |  | | | | | |
| Any plumbing fixtures in the basement (toilet, shower, sink)? | | Yes | No |  | | | |

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| **I/We declare all answers to the above questions are correct to the best of my knowledge and belief.**  **I/We authorize that reports containing claims history may be sought in connection with this application for insurance or renewal, extension or variation thereof.** | | | | |
|  | | | | |
|  | Signature of Insured(s) |  | Date |  |