



SEWER BACKUP QUESTIONNAIRE

INSURANCE COMPANY				POLICY / BINDER NUMBER			
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS				2. BROKERAGE/AGENCY INFORMATION			
			POSTAL CODE				POSTAL CODE
CONTACT NUMBER(S)				BROKER CODE		CONTACT NAME	
TYPE	NO.	TYPE	NO.	PHONE NO.		FAX NO.	
TYPE	NO.	TYPE	NO.	CONTRACT NUMBER		SUB-CONTRACT NUMBER	
PREFERRED DOCUMENT LANGUAGE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		GROUP / PROGRAM NAME		GROUP ID	
EMAIL ADDRESS				BROKER CLIENT ID		COMPANY CLIENT ID	
WEBSITE ADDRESS							

3. UNDERWRITING / RATING DETAILS			
RISK ADDRESS			
OCCUPANCY / OWNERSHIP DATE			
		LIMIT REQUESTED: \$ _____	
RISK	QUESTION		IF YES, PROVIDE DETAILS
BASEMENT PLUMBING	DOES YOUR RESIDENCE HAVE PLUMBING IN THE BASEMENT (SHOWER, TOILET, SINK)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BACKWATER VALVE	DOES YOUR BASEMENT HAVE A BACKWATER VALVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NEW STYLE BACKWATER VALVE WITH FLAPPER THAT PROTECTS THE BASEMENT PLUMBING AND CATCH BASIN <input type="checkbox"/> OLDER STYLE BACKUP VALVE THAT PROTECTS ONLY THE CATCH BASIN DATE INSTALLED _____
SUMP PUMP	DOES YOUR RESIDENCE HAVE A SUMP PUMP IN A PIT? WHERE DOES THE SUMP PUMP RELEASE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSTALLED _____
EAVESTROUGHING	ARE DOWNSPOUTS CONNECTED DIRECTLY TO YOUR WEEPING TILES OR SEWER DRAIN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW FAR AWAY FROM YOUR RESIDENCE HAVE THE DOWNSPOUTS BEEN EXTENDED? _____ FEET OR _____ METERS

4. LOSS HISTORY				
HAS THERE BEEN ANY BASEMENT FLOODING OR WATER DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE CHART BELOW:				
LOSS DATE	DESCRIPTION OF LOSS	AMOUNT OF DAMAGE	AMOUNT PAID	WHAT PREVENTATIVE MEASURES HAVE BEEN TAKEN?

Note: Any application with a sewer backup loss or any other water problem is subject to company approval for coverage availability and applicable limits. Sewer backup coverage may not be available in certain areas. Please check with the Insurance Company.

	5. REMARKS

All questions above have been answered to the best of my knowledge and belief. I hereby authorize agent/broker and/or insurance company to obtain the claims history in connection with this application for insurance, its renewal or any amendments thereof.

INSURED'S SIGNATURE			
BROKER / AGENT NAME (Please print)		SIGNATURE OF BROKER / AGENT	DATE