



SEWER BACK-UP QUESTIONNAIRE

BROKER: _____ **Policy No.** _____

Insured/Applicant: _____

Address (incl. Postal code) _____

1. **When did you commence living at this address? Month** _____ **Year** _____

2. **Is your dwelling equipped with:**

a) **A sewer back water valve?** Yes No
Was this installed by a plumber? Yes No Don't know
Date of installation: Month _____ **Year** _____

b) **An automatic (water level activated) sump pump?** Yes No
Was this installed by a plumber: Yes No Don't know
Date of installation: Month _____ **Year** _____

c) **Downspouts connected directly to your weeping tiles or sewer drain?**
Yes No

3. a) **Has this home had any basement flooding or water damage?**
Yes No Don't know

If yes, indicate the cause and amount of loss and the type of damage incurred.

b) **Was this damage insured?** Yes No
If yes, state the name of the Insurance Company.

c) **What measures have been taken to prevent a future loss of this type?**

Attached to and forming part of the application.

Insured's/Applicant's Signature _____

H58 (11/07)

Date: _____