

# SEWER BACK-UP QUESTIONNAIRE

## CROSSROADS INSURANCE

Insured(s) \_\_\_\_\_

Risk Address \_\_\_\_\_ How long at this location \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective date \_\_\_\_\_

Amount of Coverage Required \_\_\_\_\_

1. Are you connected to a: \_\_\_ Municipal sewer system (go to #2) \_\_\_ Private septic system (see below)

If private septic system, was it installed by a licensed contractor? Yes \_\_\_ No \_\_\_

What is the age of the system? \_\_\_\_\_ How often is the tank pumped? \_\_\_\_\_

If there is plumbing in the basement, has a sewer ejector system been installed? Yes \_\_\_ No \_\_\_

Is the ejector system equipped with an alarm? Yes \_\_\_ No \_\_\_

2. Is there plumbing in the basement (ex. Toilet, sink)? Yes \_\_\_ No \_\_\_

3. Is there a Backwater Valve? Yes \_\_\_ No \_\_\_ Date installed \_\_\_\_\_

If yes, type: \_\_\_ Back water valve installed in main sewer line with a flapper that protects all basement plumbing and catch basin

\_\_\_ Throat or float valve (ball type) installed in the catch basin which protects only the catch basin

4. Is there a Sump Pit? Yes \_\_\_ No \_\_\_ Date installed \_\_\_\_\_

5. Is there an Automatic Sump Pump? Yes \_\_\_ No \_\_\_ Date installed \_\_\_\_\_

6. Is there an Automatic Sewer Pump? Yes \_\_\_ No \_\_\_ Date installed \_\_\_\_\_

7. How often is equipment inspected to ensure it is functional? (Annually recommended) \_\_\_\_\_

8. Have there been any past water damage or sewer losses in the home, to the applicant's knowledge?

Yes \_\_\_ No \_\_\_ If yes, give details below:

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Has damage been repaired and corrective measures taken? Yes \_\_\_ No \_\_\_ If no, explain below:

\_\_\_\_\_

9. Have the downspouts been extended away from the home or back into the basement weeping tile?

\_\_\_\_\_ If extended, how far \_\_\_\_\_

If any downspouts enter the basement, have they been capped? Yes \_\_\_ No \_\_\_

10. Does the ground around your home slope away from the dwelling? Yes \_\_\_ No \_\_\_

I/We declare that all of the information provided in this document is true to the best of my/our knowledge. I/We hereby authorize that reports containing claims history may be sought in connection with this application for insurance or renewal, extension or other variation thereof. Any application for coverage is subject to availability and company approval.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_