

**INSURED'S NAME AND MAILING ADDRESS:**

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**LOCATION OF DWELLING:**

**BROKER:**

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**BROKER CODE:**

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**BRANCH:**

**POLICY NO: (OR  NEW)**

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**EFFECTIVE OR RENEWAL DATE:**

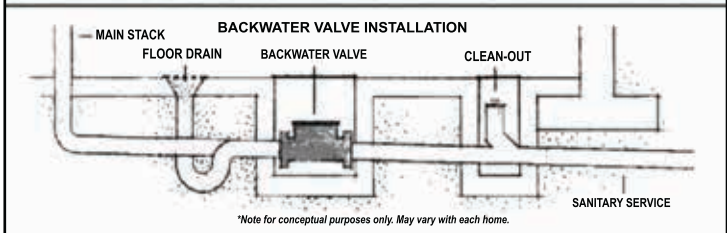
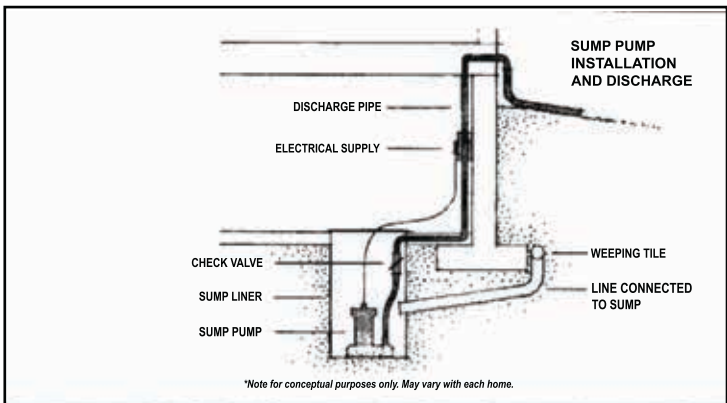
**PLUMBING INFORMATION**

ARE ANY OF THE FOLLOWING DEVICES INSTALLED AT THE LOCATION :

**UNDERWRITING / RATING DETAILS**

RISK	QUESTION		IF YES, PROVIDE DETAILS
BASEMENT COMPLETION	IS THE BASEMENT IN YOUR RESIDENCE FINISHED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	% COMPLETED:
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 A 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 :
BACK-UP POWER SOURCE FOR SUMP PUMP	IS A BACK-UP POWER SOURCE INSTALLED FOR SUMP PUMP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BACK-UP SYSTEM FOR SUMP PUMP	IS THERE A SECONDARY BACK-UP SYSTEM FOR SUMP PUMP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE :
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
SEWER EJECTOR	DOES YOUR RESIDENCE HAVE A SEWER EJECTOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**HOME BASEMENT WITH SUMP PUMP AND BACKWATER VALVE**



**FURTHER INFORMATION/CLARIFICATION ON ANY OF THE ABOVE:**

**WATER DAMAGE INFORMATION**

INFORMATION ABOUT ANY PREVIOUS WATER DAMAGE TO THE BASEMENT :

<b>LOSS HISTORY DETAILS</b>			
<b>RISK</b>	<b>QUESTION</b>		<b>IF YES, PROVIDE DETAILS</b>
PREVIOUS DAMAGE	HAS THE DWELLING HAD ANY BASEMENT FLOODING OR SEWER BACK-UP DAMAGE IN THE PAST?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR: AMOUNT OF LOSS: \$ TYPE OF DAMAGE:
CLAIMS HISTORY	WAS THE DAMAGE INSURED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	POLICY #: INSURANCE COMPANY:
RESIDUAL DAMAGE	DOES SEWER BACKUP DAMAGE STILL EXIST?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE OF REPAIR	HAVE ALL THE REPAIRS BEEN COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PROVIDE DETAILS:

**WHAT CORRECTIVE MEASURES HAVE BEEN TAKEN SINCE THE LOSS(ES)?**

**SIGNATURE**

THE ABOVE ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

<b>SIGNATURE OF INSURED:</b>	<b>DATE:</b>
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