

WATER BACK UP of SEWERS and DRAINS QUESTIONNAIRE

One copy of this questionnaire must accompany all new business or endorsement for coverage submissions.

Insured Name:	
Policy Number:	
Finished Basement: Y___ N___	If Yes, % Finished:
Does the dwelling have sump pump(s) or other water prevention systems:	
If Yes, type of system:	
Number of sump pumps:	
Gallons per minute pumping capacity:	
Does system have a battery:	
Frequency of battery testing:	Frequency of battery charging:
Does the system include an electrical generator: Y___ N___	
If alternative system, please specify:	
In the last three (3) years, has the insured had any water caused losses, incurred or not, which backed up from sewers, drains or sump pumps(s): Y___ N___	
If Yes, \$ Amount of Loss:	Date of Loss:
Describe actions taken to prevent future losses of this type:	