



P.O. Box 477
 127 Kaiser William Avenue
 Langenburg, SK
 S0A 2A0
 Phone: (306) 743-5363
 Fax: (306) 743-5525
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Sewer Back-Up Questionnaire

Applicants Name: _____

Address: _____

Occupancy/Ownership Date (YYYY/MM/DD): _____

Policy Number: _____

Coverage and or limit requested: _____

Underwriting Information:

Is your dwelling connected to a: Municipal Sewer System? Yes No Septic Tank? Yes No

Does your residence have plumbing in the basement (shower, toilet, sink)? Yes No

If yes, provide details: _____

Does the basement have a backwater valve? Yes No

New Style backwater valve with a flapper that protects the basement plumbing and catch basin

Older style backup valve that protects only the catch basin

Was the backwater valve professionally installed? Yes No

Date installed (YYYY/MM/DD): _____

Does the residence have a sump pump pit? Yes No

How old is the sump pump? _____

HP of pump? ¼ hp 1/3 hp ½ hp 1hp

Is it manual or automatic? _____

Is there a secondary pump in place? Yes No

Is there battery backup for the sump pump? Yes No

Is there a water-powered sump pump backup? Yes No

Is the sump pump connected to an automatic generator? Yes No

Is there an alarm connected to the sump? Yes No

If Yes, does the alarm sound locally or is it connected to a monitored alarm system? _____



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Was the sump pump professional installed? Yes No

Date installed (YYYY/MM/DD): _____

Is the system (sump pump and back-up system) tested regularly? Yes No

Size of discharge pipe? 1 ¼" 1 ½" Other

Where does the sump pump discharge? _____

Are downspouts connected directly to your Weeping Tiles? Yes No

Or are downspouts connected directly to your Sewer Drain? Yes No

If applicable, provide the distance the downspouts have been extended from your residence: _____

Is the weeping tile connected to a gravity drain?
 (i.e. a downhill pipe sloped away from weeping tile) Yes No

Prior Loss History:

Has this dwelling had any basement flooding or water damage in the past 5 years? Yes No

Was the damage insured? Yes No

If yes, provide the following details:

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Amount of damage</u>	<u>Amount Paid</u>	<u>Prevention Measures Taken</u> <u>(proof of completed work required)</u>

All questions have been answered to the best of my knowledge and belief.

Applicant(s) Signature

Date