

Insured's Name and Mailing Address:	Broker	Policy No. (or <input type="radio"/> NEW)
Location of Dwelling:	Broker Code	Effective or Renewal Date
	Branch	

Plumbing Information

Are any of the following devices installed at the location:

ELEMENT	YES	UNKNOWN	NO	DATE INSTALLED
Downspout connected directly to the sewer drain or into the ground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Downspout extending less than 2 metres from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sewer backwater valve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Flapper on backwater valve (as opposed to ball valve)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sump pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Back-up power source for sump pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Residential plumbing in basement (i.e., shower, bathroom, laundry tub, sink)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sewage ejector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Further information/clarification on any of the above:

Claims Information

 Has this building had sewer back-up or basement flooding in the past 5 years? Yes No If Yes, please describe the loss(es) below:

TYPE OF DAMAGE	INSURED? YES	POLICY #	INSURER	AMOUNT	DATE OF LOSS
	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				

What corrective measures have been taken since the loss(es)?

Signature

The above answers are correct to the best of my knowledge and belief.

Signature of Insured:	Date:
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