



Intact Insurance Company

Farm Sewer Backup Questionnaire

SEWER BACK-UP COVERAGE IS SUBJECT TO APPROVAL BY INTACT WITH RESPECT TO COVERAGE AVAILABILTY AND APPLICABLE LIMITS

Completion of this questionnaire does not bind or guarantee coverage

Broker Name:	Broker #:
Policy # or Quote #:	
Applicant name:	
Location address, including road, 911 number, lot and concession number and township:	

Has this location experienced prior basement flooding incidents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, when: _____
Has this location experienced prior sewer back up incidents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, when: _____
Provide details of corrective measures taken since the loss(es) to prevent future occurrences:			

Is there a sump pump in working order at this location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, date installed? _____
Is the sump pump equipped with a battery backup for power failure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Is there a backflow prevention valve (also know as backwater, check or gate valves)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, date installed?			

Are eaves troughs downspouts attached to the sewer drain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are eaves troughs downspouts attached to the weeping tiles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If eaves trough downspouts discharges on yard, please indicate the distance it is extended away from the residence.			

If the basement is finished, please indicate the approximate value:	_____
Any plumbing fixtures in the basement (toilet, shower, sink)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I/We declare all answers to the above questions are correct to the best of my knowledge and belief.	
I/We authorize that reports containing claims history may be sought in connection with this application for insurance or renewal, extension or variation thereof.	
_____ Signature of Insured(s)	_____ Date