

**Water Back Up & Sump Overflow  
Supplemental Questionnaire**

CUSTOMER NAME: \_\_\_\_\_ BINDER/POLICY NO. \_\_\_\_\_  
PROPERTY LOC. \_\_\_\_\_ AGENT \_\_\_\_\_

1. Has there been any damage or loss from sewer back up, flood, sump pump failure or otherwise entered into the basement area of the above referenced property location in the last 5 years? \_\_ Yes \_\_ No

If yes: Dates: \_\_\_\_\_  
Amount of Damage: \_\_\_\_\_  
Cause: \_\_\_\_\_

2. Is the dwelling located in a "special flood hazard area" as defined by flood maps published by the Federal Emergency Management Agency? \_\_ Yes \_\_ No

3. Is the dwelling covered by flood insurance? \_\_ Yes \_\_ No

4. Is the basement finished? \_\_ Yes \_\_ No  
If yes, square footage of finished area? \_\_\_\_\_

5. Number of Sump Pumps? \_\_\_\_\_ Date of Installation \_\_\_\_\_

6. Is there a backup system in the event of sump pump failure? \_\_ Yes \_\_ No  
If yes, please describe: \_\_\_\_\_

7. Approximate replacement value of personal property stored or located in basement/crawl area \$ \_\_\_\_\_

8. Is all property being stored in the basement elevated above the basement floor? \_\_ Yes \_\_ No

9. Is there a septic system? \_\_ Yes \_\_ No

Insured(s) Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_  
Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE**

Your underwriter will notify you by fax or phone when coverage review is concluded. Insured signature is required only if underwriting approval to bind coverage is secured.