



LOSS PREVENTION – SEWER BACKUP FORM

Insured: Policy No.:

Date of Loss: Claim No.:

Specific Cause/Details of Loss:

* An entry is required.

	<u>YES</u>	<u>NO</u>
Precautions: Backwater valve?	<input type="radio"/>	<input type="radio"/>
Date installed? _____		
Would a back water valve have prevented this loss?	<input type="radio"/>	<input type="radio"/>
Sump pump in place?	<input type="radio"/>	<input type="radio"/>
Date installed? _____		
Would a sump pump have prevented this loss?	<input type="radio"/>	<input type="radio"/>
Downspouts are disconnected from the weeping tiles or sewer drains?	<input type="radio"/>	<input type="radio"/>
Does the yard surrounding the dwelling look to be properly graded?	<input type="radio"/>	<input type="radio"/>
Has an annual sewer line inspection or cleaning been done in the last year?	<input type="radio"/>	<input type="radio"/>
Would an inspection or cleaning have prevented the loss?	<input type="radio"/>	<input type="radio"/>

Prior Sewer Backup Loss(es) at this location:

Date: Cause:

Date: Cause:

Comments:

Adjusting Firm: _____ Adjuster: _____ Date: _____