CSIO	SEWER BA	ACKUI	P QL	JESTIO	NNAIRE		
INSURANCE COMPANY				POLICY / BINDER NUMBER			
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS				2. BROKERAG	E/AGENCY INFORMATI	ON	
		POSTAL				POSTAL CODE	
CONTACT NUMBER(S	NUMBER(S) NO. TYPE NO.			BROKER CODE		CONTACT NAME	
TYPE N PREFERRED DOCUM	O. TYPE	TYPE NO. FRENCH		PHONE NO. CONTRACT NUMBE	R	FAX NO. SUB-CONTRACT NUMBER	
EMAIL ADDRESS	ENGLISH	GROUP / PROGRAM NAME		GROUP ID			
WEBSITE ADDRESS		BROKER CLIENT ID		COMPANY CLIENT ID			
3. UNDERWRITING RISK ADDRESS	NG / RATING DETAILS						
OCCUPANCY / OWN	IERSHIP DATE			LIMIT REQUES	STED: \$		
RISK	QUE	QUESTION			IF YES, PROVIDE DETAILS		
BASEMENT PLUMBI	DOES YOUR RESIDENCE HAVE PLU (SHOWER, TOILET, SINK)?	DOES YOUR RESIDENCE HAVE PLUMBING IN THE BASEMENT (SHOWER, TOILET, SINK)?					
BACKWATER VALVE	DOES YOUR BASEMENT HAVE A BA	DOES YOUR BASEMENT HAVE A BACKWATER VALVE?			BASEMENT PLUMBING	ER VALVE WITH FLAPPER THAT 3 AND CATCH BASIN P VALVE THAT PROTECTS ONLY	
SUMP PUMP	DOES YOUR RESIDENCE HAVE A SUMP PUMP IN A PIT? WHERE DOES THE SUMP PUMP RELEASE?			□YES □NO	DATE INSTALLED		
EAVESTROUGHING ARE DOWNSPOUTS CONNECTED DIRECTLY TO YOUR WEEPING TILL OR SEWER DRAIN? 4. LOSS HISTORY				ES YES NO	HOW FAR AWAY FROM YOU BEEN EXTENDED?	DUR RESIDENCE HAVE THE DOV	VNSPOUTS
	NY BASEMENT FLOODING OR WATER DAMAGE	?	□ NO IF Y	'ES, COMPLETE THE C	CHART BELOW:		
LOSS DATE	DATE DESCRIPTION OF LOSS AMOUNT OF DAMAGE PAID				WHAT PREVENTATIVE MEASURES HAVE BEEN TAKEN?		
Please check w Home		SUMP PUP INSTALLA AND DISC	MP ITION HARGE	5. REMAF		backup coverage may not be avail	able in certain area
All questions above ha	*Note: for correspond purposes only. May vary with each had ve been answered to the best of my knowledge and indiments thereof.			oker and/or insurance c	ompany to obtain the claims h	istory in connection with this appli	cation for insuranc
INSURED'S SIGNATU							
(Please print)	uvi_	SIGN	NATURE OF B	ROKER / AGENT		DATE	