

OKLAHOMA MUNICIPAL ASSURANCE GROUP
SEWER BACKUP QUESTIONNAIRE

CLAIMANT: _____
ADDRESS: _____
DATE OF LOSS: _____
CLAIM NUMBER: _____
LOCATION OF BACKUP: _____

Instructions: *Please complete this questionnaire and attach or identify any supporting documentation. Use back if additional space is required for a response.*

1. Are records available of the rainfall in the area preceding the subject sewer?
Yes ____ No ____ . If yes, specify the amount of rainfall for each time period to the backup:
24 hrs. _____, 48 hrs. _____, 72 hrs. _____.

2. Were you able to determine the cause of the sewer backup? Yes ____ No ____
____ (a) infiltration or inflow;
____ (b) a foreign object, e.g., roots
____ (c) sewer line or refuse introduced into the line; or
____ (d) other cause
Please explain specifically what was found and identify any person(s) with personal knowledge of the findings.

3. Have there been previous blockages or backups in this line or within 300 feet of this address in the last 5 years preceding the subject backup? Yes ____ No ____ . If yes, specify:

(a) when? _____

(b) where on the line? _____

(c) what was determined to be the cause? _____

4. Have the claimants or other occupants at this address given any other notice to the municipality of a sewer backup problem in the past 5 years? Yes ____ No ____ . If yes, when and how was it documented?

5. Does the municipality have a regular maintenance program of cleaning, jetting, or rodding the sewer line that serves this address? Yes ____ No ____ . If yes, on what date(s) and in what manner was this done in the six months prior to this claim?

6. What is the size and age of the sewer line in which the backup occurred? Size _____, Age _____.

7. Is the sewer line sufficient for the current load? (e.g., if a 6" line was sufficient in 1940, is it sufficient today where greater number of homes or businesses may have been added to capacity of the line)? Yes _____ No _____.
8. Did the claimant have a relief or check valve on his private line? Yes ____ No _____. If yes, when was it installed?
9. Does the municipality have any ordinances, contracts, or regulations which may relate to the consideration of this claim? Yes ____ No _____. If yes, attach a copy of the pertinent document.
10. If this backup was due to grease in the line, does the municipality have a grease trap ordinance? Yes _____ No _____. If yes, how was it enforced?
11. Are there any other parties that have an interest in the subject property? Yes _____ No _____. If yes, specify whether the person(s) is a landlord, property owner, spouse, business partner or other occupant.
12. Does the City maintain records, work orders or any other documents regarding the subject of sewer backup? Yes _____ No _____. If so, please attach legible copies of all records.
13. Is the sewer system maintained and operated by some one other than the city? Yes _____ No _____. If so, please provide copy of the contract with the third party contractor.
14. Had the line involved been jet rodded or cleaned in any other manner in the 72-hour period before the backup occurred? Yes _____ No _____ .
15. Please provide any additional information relevant to this claim.

Signed by

Position

Date

Phone Number

RETURN TO:

**Oklahoma Municipal Assur. Group
3650 South Blvd.
Edmond, Ok 73013**

**Phone: (405) 657-1400
Fax: (405) 657-1401**