

## SEWER QUESTIONNAIRE

INSURED: \_\_\_\_\_

Does the entity have a sewer treatment facility: Yes or No

Does the entity maintain lines only: Yes or No    If yes, Number of miles \_\_\_\_\_

For Whom? \_\_\_\_\_

Do the storm drainage lines tie into sewer system? Yes or No

Does the entity have a maintenance program in place? Yes or No

If Yes, Please attached a copy of the program.

What is performed during the inspection?

How often is the inspection performed? Monthly \_\_\_ Quarterly \_\_\_ Semi \_\_\_ Yearly \_\_\_\_\_

If repairs are needed, are formal plans in place? Yes or No    If yes, please submit a copy of plan.