

PUBLIC ENTITY PAK EXPOSURE SURVEY SEWER UTILITY

Named Insured: _____ **State:** _____

Sanitary Sewer Sewage Disposal Plant Storm Sewers Treatment Plant Lift Station Pumps

1. Annual payroll (less clerical): Plant Operator: \$ _____ Construction: \$ _____ Cleaning: \$ _____
2. Number of users: Industrial: _____ Commercial: _____ Residential: _____
3. Number of Sewer miles: Storm: _____ Sanitary: _____
4. How old is your system? _____ Year of last upgrade? _____
5. How often is system inspected? _____ By whom? _____
6. Is the sewer system cleaned out (jetted) at least every three years? Yes No
If No, provide details. _____

7. Has system ever been cited (by a consultant or regulatory body) or fined for non-compliance with required standards? Yes No
If yes, provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s). _____

8. Are you in compliance with regulatory requirements for maintenance and replacement of lines? Yes No
If no, provide details. _____

9. Does this entity allow homeowners to attach their foundation drains to the sanitary sewer system instead of the storm sewer system? Yes No
If Yes, provide details. _____

10. Does the entity have a written procedure for handling complaints regarding sewer malfunctions; including proper follow-up and recordkeeping? Yes No
11. How many claims for sewer backup damage has this entity received in the last 10 years? _____
12. Liability for damage from sewer back up may be limited. See Endorsement CW 34 20.