**Sanitary Sewer Backup Incentive Questionnaire**

To help members reduce the overall cost and frequency of sanitary sewer claims, LMCIT created the sanitary sewer incentive program. It provides members greater control over the mandatory, out-of-pocket deductibles they pay for claims and lawsuits related to sanitary sewer backups.

Members must meet certain criteria to qualify. Members that do not meet the criteria have a minimum mandatory deductible of $2,500 for each sanitary sewer backup claim. Members using a higher deductible are not directly affected, and members using an aggregate limit are only impacted if the aggregate limit is reached and the maintenance deductible is less than $2,500.

To qualify for the incentive, members must complete the following questionnaire. If the information provided confirms the member meets the criteria outlined below, they will not be subject to the higher mandatory deductible.

|  |
| --- |
| **Section 1: Applicant Information** |
| 1. Applicant name and title:
 | Click or tap here to enter text. |
| 1. Applicant email address:
 | Click or tap here to enter text. |
| 1. Applicant phone number:
 | Click or tap here to enter text. |
| 1. City name:
 | Click or tap here to enter text. |
| 1. Insurance agent name:
 | Click or tap here to enter text. |

|  |
| --- |
| **Section 2: Does city have a comprehensive system map showing the following information?** |
| 1. Number and locations of manholes?
 | Choose an item. |
| 1. Number and approximate locations of service connections (from “as built” drawings and/or televising and inspection records)?
 | Choose an item. |
| 1. Line locations, kind and diameter of pipe (6” PVC, 4” vitrified clay, etc.)?
 | Choose an item. |
| 1. Location of lift stations?
 | Choose an item. |

|  |
| --- |
| **Section 3: Does city have a documented program of regular inspection and maintenance performed on sanitary sewer lines?** |
| 1. Written policy/procedures setting forth the city’s program for inspection and maintenance of the city’s sanitary sewer lines?
 | Choose an item. |
| 1. Written *inspection* records documenting what kind of inspection was done, where it was done, when it was done, who conducted it and the inspection results?
 | Choose an item. |
| 1. Written *maintenance* records documenting what kind of maintenance was done, where it was done, when it was done, who conducted it and follow-up recommendations, if any?
 | Choose an item. |
| 1. Written records documenting each reported sanitary sewer backup and the city’s response to that backup?
 | Choose an item. |

|  |
| --- |
| **Section 4: Does city have a documented program for lift station inspection and maintenance?** |
| 1. Written policy/procedures setting forth the city’s program for inspection and maintenance of the city’s lift station(s)?
 | Choose an item. |
| 1. Written *inspection* records documenting what was inspected, when it was inspected, who conducted it and the inspection results?
 | Choose an item. |
| 1. Written *maintenance* records documenting what kind of maintenancewas done, where it was done, when it was done, who conducted it and follow-up recommendations, if any?
 | Choose an item. |

|  |
| --- |
| **Section 5: Does city have:** |
| 1. An operator properly certified by the Minnesota Pollution Control Agency available always?
 | Choose an item. |

Signature of authorized representative:

Printed name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap here to enter text.

Return completed questionnaire to LMCIT Underwriter Nate Brue at nbrue@lmc.org or 651.281.1298 (fax).