

SEWAGE BACKUP DAMAGE CLAIM FORM
 (PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED)

CLAIMANT INFORMATION

Name: _____ Daytime Phone: _____ Home Phone: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

PROPERTY OWNER INFORMATION

Name: _____ Daytime Phone: _____ Home Phone: _____
 Property Address: _____ BASA Account No. _____
 City: _____ State: _____ Zip Code: _____

SEWAGE BACKUP CLAIM

Date of Backup: _____ Time: _____ Duration of Backup (Hours): _____
 Reported to BASA? Yes ___ No ___ If "Yes", Date Reported: _____ Time Reported: _____
 Address of Occurrence: _____
 Description of Damages (Attach Additional Information, If Necessary): _____

 Estimated Costs of Damages (Attach Itemized List & Supporting Documentation): \$ _____

NOTE: SUPPORTING DOCUMENTATION OF DAMAGE CLAIMS, SUCH AS PHOTOS, VIDEOTAPES, COST ESTIMATES, APPRAISALS, ETC. SHOULD BE SUBMITTED. PLEASE NOTE THAT BASA WILL NOT RETURN ANY ITEMS SUBMITTED AS PART OF YOUR CLAIM. PLEASE KEEP DUPLICATES FOR YOUR RECORDS.

HISTORY OF PRIOR BACKUPS

Are you aware of any prior sewage backups at this address? Yes ___ No ___ If "Yes", please list below:

<u>DATE</u>	<u>REPORTED TO BASA?</u>	<u>CLAIM PAID BY BY YOUR CARRIER?</u>	<u>CLAIM PAID BY BY BASA CARRIER?</u>
_____	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
_____	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
_____	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

INSURANCE INFORMATION

**NOTICE: YOU SHOULD FIRST SUBMIT YOUR CLAIM TO YOUR OWN INSURANCE PROVIDER
 SUBMIT A COPY OF DENIAL OR SETTLEMENT LETTER FROM YOUR CARRIER WITH THIS CLAIM**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER, FILES AN APPLICATION OR CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE UP TO \$15,000.00.

Claimant's Signature: _____ Date: _____