



**SEWER BACKUP
RESPONSE PROGRAM**

**METROPOLITAN SEWER DISTRICT
OF GREATER CINCINNATI
SEWER BACKUP (SBU) CLAIM FORM**

PLEASE NOTE THAT NOT ALL SEWER BACKUPS ARE ELIGIBLE FOR REIMBURSEMENT

Please fill out this form if you believe that you have suffered damage to your home or belongings because of a sewer backup in your home caused by a problem with the public sewer system operated by the Metropolitan Sewer District of Greater Cincinnati (MSD).

PROPERTY OWNERS MAY BE REIMBURSED FOR THE FOLLOWING TYPES OF DAMAGES:

- The reasonable value of any property lost or destroyed in the backup.
- The depreciated cost of restoring your basement or other structural damage to your home.
- The documented reduced value of your real property at the time of sale of the property as a result of permanent impairment of the property due to public sewer capacity issues.

HOW TO MAKE A CLAIM:

- Complete the claim form.
- Submit the form to:

**METROPOLITAN SEWER DISTRICT
MSD / SBU CLAIMS DEPT
225 W GALBRAITH RD
CINCINNATI OH 45215**

PLEASE NOTE: Your claim must be received by MSD no later than two years after the date of your sewer backup.

CLAIM INVESTIGATION:

- If it has not already done so, MSD will determine whether your backup was caused by a problem in the public sewer system.
- In conducting such investigations, MSD will use good faith and reasonable engineering judgment.

OTHER THINGS YOU SHOULD KNOW:

- Ohio law requires you to collect first from your homeowner insurance.
- The City of Cincinnati Law Department manages SBU claims for MSD.
- The City will pay the difference between what your insurance coverage pays and your total loss.
- Prior to processing and paying any claims, the City must have information regarding your insurance policy and any insurance claims that you have made.

DECISIONS & QUESTIONS:

- The City of Cincinnati will send you a written decision within 60 days of receiving your claim.
- To check the status of your claim at any time, call the MSD/SBU Claims Department at (513) 244-5100.
- If you are not satisfied with the decision you can contact the SBU Ombudsman at the Legal Aid Society of Greater Cincinnati at (513) 362-2801.

APPEALS:

If you disagree with the City's decision on your claim you may be able to file a case in either Hamilton County Municipal or Common Pleas Court, or file a Request for Review with the Federal Court in Cincinnati.



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GENERAL INFORMATION (TO BE COMPLETED BY CLAIMANT)

Claimant Name: _____

Claimant Address: _____

City, State, Zip: _____

Daytime Phone: _____

Email Address (optional): _____

Address of SBU: _____ Unit #: _____

City, State, Zip: _____

- Type of Property: Single-family residence
- (please check one) Multi-family residence: # of Units: _____
- Business
- Other (Please specify) _____

Date and time in which this SBU occurred: _____

Did you report this SBU incident to MSD? Yes No

If you reported this SBU incident, when did you report it? _____

Number of times you have had SBU incidents in the past: _____

Approximate dates of those incidents: _____

Did a plumber or other qualified professional determine the cause of the back-up? If so, please provide a copy of a report from the plumber or other qualified professional setting out the basis for his/her conclusion. Please summarize that conclusion below.



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DAMAGES INFORMATION (TO BE COMPLETED BY CLAIMANT)

1. Please indicate what your basement is used for:

- Storage
- Bathroom
- Study / Den
- Laundry Bedroom
- Family Room
- Workbench
- Bar
- Other (please specify) _____

2. Please attach an inventory of damaged property. Please see page 7 for instructions.

3. Do you believe that the SBU incident caused any structural damage to the premises? If so, please provide a report from a structural engineer or other qualified professional describing the damage, its causes and proposed remedies for it. Please summarize that information below.



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DAMAGES INFORMATION (CONTINUED FROM PREVIOUS PAGE)

4. Diminution in Value: Did you sell or have you tried to sell the property since the SBU? Do you believe that you received or were offered less than the full value because of the SBU incident? If so, please provide a report from an appraiser or other qualified professional quantifying the reduction in value attributable to the property's SBU status. Please also include any sale contracts or offers, as well as any declarations, documents or other evidence that you believe supports your claim.

ADDITIONAL DIMINUTION IN VALUE CLAIM QUESTIONS

Have you applied for MSD's SBU Prevention Program? If so, what was the result of your application? If not, why not?

In connection with the SBU situation that has given rise to your diminution in value claim, have you undertaken any other mitigation measures? If so, please describe below and attach any reports from engineers or other qualified professionals documenting the mitigation measures.



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INSURANCE INFORMATION (TO BE COMPLETED BY ALL CLAIMANTS)

Do you have an insurance policy on the property that has experienced the SBU? Yes No

If you have insurance on the property, please provide the following information:

- The name of your insurance carrier: _____
- Your policy number: _____
- The amount of your deductible: _____

Please attach a copy of your policy's Declarations Sheet and/or a letter from your carrier indicating whether these damages are covered.



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OTHER POTENTIAL CLAIMANTS

We request this information in order to identify any other persons who may have claims for damages as the result of the SBU. Please complete any applicable section.

A. RENTERS - If you rent the property that experienced the SBU, please provide the following information about your landlord:

Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____

B. LANDLORDS - If you own the property that experienced the SBU:

① Please provide the following information about each tenant, co-owners, and land contract holders whom you believe may have incurred damage to personal property as a result of the SBU (attach a separate sheet of paper if necessary):

Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____ Unit number: _____

② Please provide the following information:

Is the property held in the name of a corporation, partnership, or other entity, rather than by individuals?

Yes No

If yes, provide the name of the entity that owns the property:



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INSTRUCTIONS FOR PROVIDING INVENTORY OF DAMAGED PROPERTY

If the sewage backup in your basement was the result of negligence on the part of the Metropolitan Sewer District of Greater Cincinnati (MSD), or the result of a sewer system capacity problem, you are entitled to be compensated fairly and in accordance with the law for any property damage that may have resulted.

If you are entitled to be compensated for your loss, an MSD Claims Representative will attempt to settle your claim by offering you a reasonable sum of money. The amount of money the MSD Claims Representative offers you will be based on your documented damages. For that reason, it is to your benefit to carefully follow these instructions and to respond to any additional requests from the MSD Claims Representative for information about your damages.

On a separate sheet of paper, make a list of all the items for which you are claiming damages as the result of the Sewer Backup (SBU). Your list should also include:

FOR EVERY ELECTRONIC DEVICE OR APPLIANCE (E.G., WASHER, LAMP, TELEVISION):

- Manufacturer
- Model Number, if available
- Approximate Age
- Cost when purchased
- A description of the damage the item sustained in the flood
- Whether the item is still useable
- Receipt, if available
- Picture of the item

FOR EVERY PIECE OF FURNITURE (E.G., COUCH, CHAIR, ETC.):

- Approximate descriptive information (e.g., size, type of fabric, etc.)
- Approximate age
- Cost when purchased
- A description of the damage the item sustained in the flood
- Whether the item is still useable
- Receipt, if available
- Picture of the item

FOR EVERY OTHER ITEM (E.G., ANYTHING ELSE):

- Appropriate descriptive information and approximate age
- Cost when purchased
- A description of the damage the item sustained
- Whether the item is still useable
- Receipt, if available
- Picture of the item



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VERIFICATION (TO BE COMPLETED BY ALL CLAIMANTS)

I hereby certify that the information provided with this form, as well as the information contained on my inventory of damaged property, is true and accurate to the best of my knowledge.

Name of Claimant

Signature of Claimant

Date