

# Sewer Backup Claim Form & Instructions

## Instructions for Filing a Claim



### Did you report your sewer backup to MSD?

If not, report it now at (513) 352-4900 or online at [sbu.msdbg.org](http://sbu.msdbg.org). You must report your sewer backup within 24 hours of discovery to be potentially eligible for reimbursement of damages under MSD's Sewer Backup (SBU) Program.

### Not All Sewer Backups are Eligible for Reimbursement:

- MSD's SBU Program covers eligible damages arising from sewer backups caused by inadequate capacity or negligent maintenance or operation of the MSD public sewer system.
- MSD's SBU Program does not cover damages arising from overland/street flooding or sewer backups caused by private building sewers.
- Please note: Receiving cleaning/mitigation services from MSD does not guarantee claim reimbursement.

### What's Required From You:

- **Complete the Claim Form** - Please read all the instructions and fully complete and sign the claim form.
- **Include a Detailed Inventory of Damages** - Only documented damages are potentially eligible for reimbursement. Please include a full inventory of items/materials damaged by the incident, including as much detail as possible. Please include photos, estimates, invoices, and receipts whenever possible.
- **Submit Documentation of Private Insurance** - Ohio law requires MSD to deduct any benefits a property owner or renter is entitled to receive through private insurance from a sewer backup claim. You must include information on your claim form regarding homeowner or renter's insurance. If you have coverage for a sewer backup and/or flood, you need to provide information about your policy. If you do not have coverage, you need to include a letter/email from your insurance company/agent stating you do not have coverage. Your claim cannot be processed without this information.

### Where Do I Send My Claim Form?

Claim forms must be mailed in or dropped off between 7:30 a.m. and 4:00 p.m. Monday - Friday (except for holidays) to:

**MSD's Wastewater Collection Facility**  
**c/o SBU Claims**  
**225 W. Galbraith Road**  
**Cincinnati, OH 45215**

(continued on next page)



## Instructions for Filing a Claim (continued)

### What's the Deadline?

Your claim must be received by MSD no later than **2** years after the date of your sewer backup.

### How Long Does It Take?

In most cases, you will receive a written decision within **60** days of MSD's receipt of your complete claim.

### What is Eligible for Reimbursement?

The SBU Program provides reimbursement for the following types of expenses, if eligibility criteria are met:

- Loss of personal property (e.g., furniture, miscellaneous storage items, appliances). MSD reimburses the current (depreciated) value of damaged personal property.
- Structural damage to the interior of the property (e.g., flooring, drywall, furnace, hot water heater, electrical). MSD reimburses the reasonable replacement value for structural damage, including critical mechanicals, or the equivalent diminution in value.
- Reasonable expenses incurred to hire your own licensed, professional cleanup contractor, provided you were eligible for cleaning/mitigation services from MSD's contractor but did not receive them.

### Questions?

If you have questions about your claim or would like to check the status, please contact MSD's SBU Claims Department at (513) 244-5100.

You may also contact the SBU Program Ombudsman at the Legal Aid Society of Greater Cincinnati at (513) 362-2801.



# Sewer Backup Claim Form

Click button to clear electronic form

## GENERAL INFORMATION (TO BE COMPLETED BY CLAIMANT)

Claimant Name: \_\_\_\_\_

Claimant Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Best Phone Number to Reach You: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address where sewer backup occurred (if different than claimant address):  
\_\_\_\_\_

City, State, Zip (if different than claimant city, state, zip):  
\_\_\_\_\_

Type of Property (please check one):

Single-family residence

Multi-family residence | # of units: \_\_\_\_\_

Business

Other (please specify) \_\_\_\_\_

Date sewer backup occurred: \_\_\_\_\_ Time of day: \_\_\_\_\_

Did you report this sewer backup incident to MSD?                      Yes                      No

**If yes**, what date did you report it? \_\_\_\_\_

Did you contact a plumber or other qualified professional after the sewer backup occurred?                      Yes                      No

**If yes**, did a plumber or other qualified professional determine the cause of the backup?                      Yes                      No

**If yes**, please provide a copy of a report from the plumber or other qualified professional setting out the basis for his/her conclusion.

How many times have you had a sewer backup incident prior to this one: \_\_\_\_\_

Approximate dates of those incidents: \_\_\_\_\_

If you've had two or more backup in the last 5 years, have you applied for MSD's Sewer Backup Prevention Program?

Yes                      No

**If yes**, what was the result of the application? \_\_\_\_\_

**If no**, why not? \_\_\_\_\_



# Sewer Backup Claim Form (continued)

## GENERAL INFORMATION (TO BE COMPLETED BY CLAIMANT)...

Please indicate what your basement is used for:

Storage

Bathroom

Workbench

Laundry Room

Family Room

Other (please specify):

Bar

Study/Den

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are the owner, is this property held in the name of a corporation, partnership, or other entity, rather than by individuals?

Yes

No

Not applicable

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

\_\_\_\_\_

Is this a rental property?

Yes

No

If yes, are you a tenant or landlord?

Tenant

Landlord

### Tenants

If you are a tenant, please provide the following information about your landlord:

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

### Landlords

If you are a landlord, please provide the following information about your tenants:

Tenant Name(s), Unit #s, and Phone #s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Sewer Backup Claim Form (continued)

### INSURANCE INFORMATION (TO BE COMPLETED BY CLAIMANT)

Ohio law requires MSD to deduct any benefits a property owner or renter is entitled to receive through private insurance from a sewer backup claim.

Do you have insurance coverage for a sewer backup or flood on the property that experienced the sewer backup?

Yes

No

If yes, please provide the following information:

- The name of your insurance carrier: \_\_\_\_\_
- Your policy number: \_\_\_\_\_
- The amount of your deductible: \_\_\_\_\_
- The amount of eligible coverage or compensation received: \_\_\_\_\_

**Please attach a copy of your policy's Declarations Sheet and/or a letter from your carrier regarding this coverage.**

If no, please provide a letter/email from your insurance company/agent stating you do not have coverage.

## Sewer Backup Claim Form (continued)

**Provide itemized list of damages and documentation as follows.**

Please use the attached form or similar.

- **Personal Property Damage (e.g., furniture, washer and dryer, other personal items)**

- Description of item
- Approximate age of item
- Cost when purchased
- Manufacturer
- Model Number (if applicable or known)
- Description of damage
- Whether the item is still usable

Include photos of items and receipts whenever possible.

- **Structural Damage (e.g., dry wall, paneling, flooring, carpet, furnace, hot water heater)**

- Description of item
- Cost to repair damage/diminution of value

Include estimate(s), invoice(s), and receipt(s) related to structural damage repairs. Include photos whenever possible. You may also document diminution in value by providing an appraisal, sale contracts or offers, or other documentation to quantify the reduction in value attributable to the sewer backup event.

- **Costs incurred to hire your own professional cleanup contractor (not an MSD cleanup contractor and not for self cleanings)**

- Name of licensed, professional cleanup contractor
- Cost for work conducted

Include an invoice/receipt for work conducted including square footage of area(s) cleaned.



**ITEMIZED LIST OF DAMAGES (add additional pages if needed)**

Item #	Item	Brand, Model #, Description	Age	Original Cost	Current Estimated Value

<b>Total Estimated Value:</b>	
<b>Compensation Received from Insurance:</b>	
<b>Total Requested Reimbursement:*</b>	

\*Subtract the compensation received from insurance from the total estimated value to calculate the total requested reimbursement



## Sewer Backup Claim Form (continued)

### VERIFICATION (TO BE COMPLETED BY ALL CLAIMANTS)

I hereby certify that the information provided in this form and supporting documentation is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Name of Claimant (print)

\_\_\_\_\_  
Name of Claimant (print)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



### CHECKLIST

*Your claim is not considered complete and will not be processed if any of the information below is missing:*

**Did you provide COMPLETE information for all questions asked?**

**Did you submit documentation regarding your private insurance, if applicable?**

**Did you include an itemized list of damaged property and other requested information, along with supporting documentation (e.g., photos, estimates, invoices, receipts)?**

**Did you sign the form in ink? MSD only accepts signed forms that are mailed in or hand delivered. GYY'UXXfYgg'cb'Z'cbH'**