

LWMMI

League of Wisconsin Municipalities Mutual Insurance

NO FAULT SEWER BACKUP COVERAGE INFORMATION FOR MUNICIPAL CLERKS/CLAIMANTS

What Is Covered: There may be limited coverage under the municipal's insurance policy to honor ACV (actual cash value) damages to a home or business caused by the back up of untreated sewage from the sewer main line into a lateral (the sewer pipe from the home/business to the main line in the street). Losses are adjusted on a depreciated value basis if the homeowner or business owners policy has no or inadequate coverage.

What Is Not Covered:

1. Flood Damage
2. Surface water run off damage
3. Infiltration into the basement from saturated ground
4. Any damage to land

What the Claimant Should Do -- Identify/Mitigate Damages:

1. Photograph all damages.
2. Construct an inventory of all damage, including the age of the property if possible.
3. Get it cleaned up. Claimants have a duty to mitigate their damages. Claimants need to clean up the sewage/water as soon as possible and can submit supports of damage (receipts, invoices, inventories) for the municipalities insurance carrier to review and consider.
4. Contact the claimant's homeowner's insurance carrier and submit a claim to that carrier for claimant's damages.
5. Send a written notice of a potential claim to the Municipal Clerk. Complete claim form.
6. The municipality will not process a claim unless they have notice of coverage or denial from the claimant's home/business insurer. Claimant must provide documentation of this from their carrier.
7. Allow the municipality or its insurance representative to do a preliminary assessment of the damaged area.

What Should The Municipal Clerk Do:

1. Contact the Sewer Utility to determine that a sewer backup in the main line at the claimant's property had occurred.
2. Send a completed claim form to Midwest Claims.

When Midwest Claims Receives a Loss Notice -- They Will

Midwest Claims Service will assign a field adjuster to contact the claimant and make an appointment to view the alleged damages, and/or the claimants supporting documentation.

How Much Might The Claimant Expect To Receive:

Municipal clerks can not make any commitments to claimants regarding the payment of any sewer backup claims. Clerks can advise claimants that an investigation of damages is ongoing and given the scope of this loss and the amount of individuals who sustained damages it could be some time before payment can be determined. There is a limited amount of coverage for "No Fault" claims. Payments may be less than actual damages and pro rated among all claimants.

Directors

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Executive Director
League of Wisconsin
Municipalities

Dennis Tweedale
Chief Executive Officer
League of Wisconsin
Municipalities
Mutual Insurance

402 Gammon Place
Suite 225
Madison, WI 53719

608.833.9595 p
608.833.8088 f
dennis@lwmmi.org





Statewide Services, Inc.
 Claim Division
 24 Hour Telephone: 877-204-9712
 FAX: 800-858-1536
 Email: StatewideClaimsReporting@statewidesvcs.com

NOTICE OF:

- CLAIM (submitted for consideration of payment)
- INCIDENT NOTICE (Record of purpose – may develop into claim)

INSURED INFORMATION			
Insured Name: Village of Waunakee		Policy #: 13191	
Contact Person: Becca Laufenberg	Title/Position: Payroll Human Resources Specialist		
Address: 500 W Main St		Phone #: 608-849-3015	
Email Address: blaufenberg@waunakee.com		Fax #: 608-849-5628	

(If applicable) Add'l Contact Person: Caitlin Stene	Title/Position: Village Clerk
Phone #: 608-850-2827	Email Address: cstene@waunakee.com
Fax #: 608-849-5628	

LOSS INFORMATION – DESCRIBE HOW LOSS OCCURRED			
<p style="text-align: center;"><i>ATTACH ADDITIONAL COPIES AS NEEDED</i></p>			
REPORTED TO (POLICE OR FIRE DEPT.)		REPORT #	
LOCATION OF CLAIM/INCIDENT	DATE OF CLAIM/INCIDENT	TIME A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	DATE INSURED NOTIFIED
Department/Operation			
<input type="checkbox"/> Admin/General Operations	<input type="checkbox"/> Fire Dept. – Volunteer	<input type="checkbox"/> Public Works – Tree Care	
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Police	<input type="checkbox"/> Public Works – Other	
<input type="checkbox"/> Electric Utility	<input type="checkbox"/> Public Works – Park & Rec.	<input type="checkbox"/> Water Utility	
<input type="checkbox"/> EMS	<input type="checkbox"/> Public Works – Streets-Snow/Maintenance	<input type="checkbox"/> Transit _____	
<input type="checkbox"/> Fire Dept. – Paid	<input type="checkbox"/> Public Works – Sewer & Water	<input type="checkbox"/> Other _____	

PROPERTY OF OTHERS LOSS INFORMATION		
DESCRIBE PROPERTY (If auto, include year, make, model, plate no.)	OTHER VEHICLE / PROPERTY. INS? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY NAME & POLICY NO.
OWNER'S NAME & ADDRESS	BUSINESS PHONE	RESIDENCE PHONE
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?



INJURED						
NAME & ADDRESS	PHONE (A/C, No.)	PED	INS. VEH.	OTHER VEH.	AGE	EXTENT OF INJURY
		<input type="checkbox"/>	<input type="checkbox"/>			

WITNESSES		
NAME & ADDRESS	BUSINESS PHONE	RESIDENCE PHONE

INSURED VEHICLE AUTO LOSS INFORMATION					
VEH. NO.	YEAR, MAKE, MODEL	V.I.N. (VEHICLE IDENTIFICATION)	PLATE NO.		
DRIVER'S NAME		RESIDENCE PHONE	BUSINESS PHONE		
DESCRIBE DAMAGE	DATE OF BIRTH	DRIVER'S LICENSE NUMBER		PURPOSE OF USE	
	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?			

FORM COMPLETED BY: _____:

PLEASE FORWARD THIS REPORT TO:

STATEWIDE SERVICES, INC.
 CLAIM DIVISION
 PO Box 5555
 Madison, WI. 53705-0555

OR by FAX to 800- 858- 1536

OR by Email to: StatewideClaimsReporting@statewidesvcs.com

If a loss involves bodily injury, major property damage or a lawsuit, please call STATEWIDE SERVICES, INC, CLAIM DIVISION @ 1-877-204-9712. We will take the loss information from you or instruct you further as to what is necessary to do.