



Questionnaire – Water Damage Preventive Measures

Risk management is a process of identifying and managing potential damages with 3 simple steps:

1. Identify the areas of risk;
2. Establishing prevention protocols to manage these risks;
3. Quick emergency intervention when required.

Complete and return this questionnaire to our prevention team who will help create your customized prevention plan.

Your name:

If it's a condo, please provide the
syndicate name:

Complete address of insured risk:

1. Is the residence/condo equipped with functioning automatic water shut off valve? Yes No

If **NO**, is the main water valve closed manually when residence/condo is vacant? Yes No

If **YES**, complete the information below:

Manufacturer name:
Model:

System is equipped with:

- Motion detectors
 Electronic notification (SMS) when valve closes
 Moisture sensors

Location of sensors (Select all that applies):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Kitchen sink | <input type="checkbox"/> Washer |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Dehumidifier |
| <input type="checkbox"/> Fridge | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Hot water tank | |
| <input type="checkbox"/> Other(s), specify: | <input type="text"/> |

2. Is the Main Water Valve accessible and functional? Yes No

3. Is the Main Water Valve and its location clearly tagged and identified? Yes No

4. What type of thermostats are found in the residence/condo? (Select all that applies)

- Manual Electronic Wi-fi connectivity
 Option to lock minimum temperature to 15°C

5. Is an emergency person/company contact information visibly posted and/or available in the residence/condo? Yes No

If YES, please specify location of this information:

(I.e.: Posted behind main door entrance, in a binder, etc.)

6. Are the Emergency Procedures visibly posted and/or available in the residence/condo? Yes No

7. Is the residence/condo used for short term rentals? Yes No

If YES, please indicate what applies:

- Weekends Weekly
 Monthly Seasonal
 Yearly

8. Are there appliances usage procedures posted and/or manuals available? Yes No

If YES, please indicate for which appliances:

- Fireplace, woodstove BBQ
 Dehumidifier Hot tub
 Furnace, air conditioner
 Other(s), specify:

9. Is the residence/condo regularly visited by anyone other than owner? Yes No

If NO, how often is the owner in the residence/condo?

If YES, please indicate by whom, how often and whether they are aware of the procedures in case of an emergency.

Name:	Visit frequency:	Aware of emergency procedure:
----- Cleaning company:	-----	-----

		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance company:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental company:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other(s):		<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Is the residence/condo inspected by a property manager on a regular basis?

Yes No

If YES, please indicate frequency of visit and type of inspection:

Frequency:	Inspection:	Type:
	<input type="checkbox"/> Outside <input type="checkbox"/> Inside	<input type="checkbox"/> Visual <input type="checkbox"/> Written
	<input type="checkbox"/> Outside <input type="checkbox"/> Inside	<input type="checkbox"/> Visual <input type="checkbox"/> Written

For any questions, contact your risk prevention consultant:



Carl Pedicelli

Consultant en prévention des risques

Risk prevention consultant

1-819-425-5811 ext.2250 ou/or 1-844-425-5811 ext.2250

Télécopieur / Fax : 1-866-757-6337 - www.dcpacreneau.ca