

## METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI WATER-IN-BASEMENT (WIB) CLAIM FORM

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"). PLEASE NOTE THAT NOT ALL SEWER BACK-UPS ARE ELIGIBLE FOR REIMBURSEMENT.

### **If I am eligible for reimbursement, what kind of damage can I be reimbursed for?**

- The reasonable value of any property lost or destroyed in the backup; and
- The cost of restoring your basement or other structural damage to your home; or
- 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 Greater Cincinnati  
Re: MSD/WIB - CLAIMS  
225 W. Galbraith Rd.  
Cincinnati, Ohio 45215
- Cooperate with the City and Metropolitan Sewer District (MSD) investigation, if the investigation has not already been conducted.

### **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.
- If inadequate sewer capacity has caused a basement backup the last two years and MSD has not fixed the capacity problem, MSD will accept responsibility for the backup without additional investigation.

### **Other Things you should know**

- Ohio law requires you to collect first from your homeowner insurance.
- 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.

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**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, call the MSD Customer Service Line at (513) 244-5100.
- If you are not satisfied with the decision you can contact the Legal Aid Society of Greater Cincinnati at 362-2801. Legal Aid is the Ombudsman for the WIB program, and was appointed by the Federal Court.

**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.*

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

Address of WIB: \_\_\_\_\_

City, Village or Township: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Unit #, if applicable: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Type of property: \_\_\_\_\_ Single Family Residence  
(check one)  
\_\_\_\_\_ Multi-Family Residence (# of Units: \_\_\_\_\_)  
\_\_\_\_\_ Business

When did this WIB occurrence begin? \_\_\_\_\_

Did you report this WIB incident to MSD? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you reported this WIB incident, when did you report it?  
\_\_\_\_\_

Number of times you have had WIB 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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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**Additional Diminution in Value Claim Questions:**

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

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In connection with the WIB 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 WIB?

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 that these damages are not covered.**

**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 WIB. Please complete any applicable section.*

(A) **RENTERS.** If you rent the property that experienced the WIB, please provide the following information about your landlord:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

(B) **LANDLORDS:** If you own the property that experienced the WIB:

(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 WIB (attach a separate sheet of paper if necessary):

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

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

Telephone Number: \_\_\_\_\_ Unit #: \_\_\_\_\_

(2) Please provide the following information:

Is the property held in the name of a corporation, partnership, \_\_\_\_\_ Yes  
or other entity, rather than by individuals? \_\_\_\_\_ No

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

\_\_\_\_\_

(3) Please provide the following information about how we can contact you:

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**VERIFICATION:** To be completed by all claimants.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
For OFFICIAL USE: To be completed by MSD and / or city Claims Personnel.

Form received in Claims Section on \_\_\_\_\_ by \_\_\_\_\_

Acknowledgment letter sent to claimant on \_\_\_\_\_ by \_\_\_\_\_ (copy file)

Internal Claims Determination Form sent to MSD on \_\_\_\_\_

received back in Claims Section on \_\_\_\_\_

follow up calls made \_\_\_\_\_

Further information requested from MSD? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of request: \_\_\_\_\_

Type of info  
requested: \_\_\_\_\_

Response to request received on:  
\_\_\_\_\_



**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, the MSD Claims Section will attempt to settle your claim by offering you a reasonable sum of money. The amount of money the MSD Claims Section 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 Section for information about your damages.

**Instructions**

On a separate sheet of paper, make a list of all the items for which you are claiming damages as the result of the WIB. 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,

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