

# Sewer Backup (SBU) Program Claim Filing Information and Claim Form

## Claim Filing Information



**Was this sewer backup reported to the Metropolitan Sewer District of Greater Cincinnati (MSD)?** If not, report it now at (513) 244-1300 (press 1) or online at [msdgc.org/sbu](https://msdgc.org/sbu). You must report your sewer backup within 48 hours of discovery to potentially be eligible for reimbursement of damages under MSD's Sewer Backup (SBU) Program.

### Are My Damages Eligible for Reimbursement from the MSD SBU Program?

- 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 Types of Damages are Eligible for Reimbursement?

If eligibility criteria are met, MSD's SBU Program provides reimbursement for the following types of expenses:

- 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, electrical) and critical mechanicals (furnaces and hot water heaters). MSD reimburses the reasonable replacement value for structural damage and critical mechanicals, or the equivalent diminution in value.
- Reasonable expenses incurred to hire your own licensed, professional cleaning contractor, provided you were eligible for cleaning/mitigation services from MSD's contractor but did not receive them.

### What Do I Need to File a Claim?

- **A completed and signed MSD SBU Claim Form** - Please read all the information, fully complete and sign the claim form, and include all requested supporting documentation.
- **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 MSD SBU claim form regarding homeowner or renter's insurance. Your claim cannot be processed without this information.
- **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 when available.

## Claim Filing Information (continued)

### How Long Do I Have to File a Claim?

Your claim must be received by MSD within **2 years** of the date of your sewer backup.

### How do I Submit an MSD SBU Claim?

Please use one of the following methods to file your claim. Be sure to include the completed, signed claim form and all supporting documentation requested.

- **Online Portal:** Submit your claim through an online portal at [msdgc.org/sbu](https://msdgc.org/sbu). For quicker processing, please upload supporting documentation as PDF attachments.
- **Email:** Submit your claim by email to [sbuclaims@cincinnati-oh.gov](mailto:sbuclaims@cincinnati-oh.gov). The claim form can be downloaded as a writable PDF at [msdgc.org/sbu](https://msdgc.org/sbu). For quicker processing, please send the claim form and supporting documentation as PDF attachments.
- **Mail:** Mail a hard copy of your completed claim form and supporting documentation to the address below.
- **Deliver:** Drop off a hard copy of your completed claim form and supporting documentation to the address below between 7:30 a.m. and 3:30 p.m., Monday through Friday (except for holidays).

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

### How Long Does it Take to Process a Claim?

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

### How Do I Check on the Status of My Claim?

- 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 or via email at [sbuclaims@cincinnati-oh.gov](mailto:sbuclaims@cincinnati-oh.gov).
- The Ombudsman for MSD's SBU Program is the Legal Aid Society of Greater Cincinnati. They can be reached at (513) 362-2801.

# Sewer Backup (SBU) Claim Form

Click button to clear  
electronic form

## GENERAL INFORMATION (TO BE COMPLETED BY CLAIMANT)

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

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

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

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

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

(If an email address is provided, please be sure to check your inbox and spam folders regularly for communication from MSD.)

Address where backup occurred (if different from Claimant Address):  
\_\_\_\_\_

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 backups in the last five years, have you applied for the Sewer Backup Prevention Program?

Yes                      No

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

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

# SBU Claim Form (continued)

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

Please indicate what the affected area is used for:

Storage

Bathroom

Workbench

Laundry Room

Family Room

Other (please specify):

Bar

Study/Den

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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:

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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: \_\_\_\_\_

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

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

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

### Landlords

If you are a landlord, please provide the following information for any tenants who may have experienced property damage due to this sewer backup:

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

_____	_____
_____	_____
_____	_____
_____	_____

## SBU Claim Form (continued)

### INSURANCE INFORMATION (TO BE COMPLETED BY THE 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.**

Did you have an insurance policy on this property at the time of the backup?

Yes          No    (If no, proceed to the next page.)

If yes, did this policy include coverage for a sewer/water backup or flood?

Yes          No    (If no, skip to Supporting Documentation Requested below.)

If yes, please provide the following information:

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Effective Dates (must include sewer backup date): \_\_\_\_\_

Sewer/Water backup or flood coverage limit: \_\_\_\_\_

Sewer/Water backup or flood policy deductible: \_\_\_\_\_

The total amount of compensation received from insurance for this loss: \_\_\_\_\_

### **Supporting Documentation Requested:**

**If you have an insurance policy on this property**, please provide the complete Declarations Page(s) from the policy which shows all of the coverages. Please be sure to provide documentation for the policy in effect at the time of the backup.

**If you filed a claim with insurance and received a settlement**, please provide a claim summary showing what was covered, how much was paid, and if you were charged a deductible or not.

**If you filed a claim with insurance and it was denied**, please provide the denial documentation/communication.

## **SBU Claim Form (continued)**

**Provide an itemized list of damages and documentation as follows:**

**Personal Property Damage (e.g., clothing, electronics, appliances, furniture, other personal items)**

(Please use pages 7 - 8 of this packet or similar.)

- Type of item(s)
- Description of item(s) including name brand, model, etc.
- Approximate age of item at the time of the sewer backup
- Original cost (amount paid for the item(s))
- Current estimated value
- Include photos of items and receipts whenever available

**Structural Damage (e.g., drywall, paneling, flooring, carpet, furnace, hot water heater, other structural items)** (Please use page 9 of this packet or similar.)

- 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 available

**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 cleaning contractor (not an MSD cleaning contractor and not for self cleanings).** (Please use page 9 of this packet or similar.)

- Name of licensed, professional cleaning contractor
- Cost for work conducted
- Include an invoice/receipt for work conducted including square footage of area(s) cleaned and a description of the work performed

**ITEMIZED LIST OF PERSONAL PROPERTY DAMAGES - Page 1 of 2 (more on next page)**

Item #	Item	Brand, Model #, Description	Age	Original Cost	Current Estimated Value
Example	Dryer	Kenmore Clothes Dryer 7.3 cubic foot front loader	4 years	\$779	\$300

**ITEMIZED LIST OF PERSONAL PROPERTY DAMAGES - Page 2 of 2 (add pages if needed)**

<b>Item #</b>	<b>Item</b>	<b>Brand, Model #, Description</b>	<b>Age</b>	<b>Original Cost</b>	<b>Current Estimated Value</b>
Example	Dryer	Kenmore Clothes Dryer 7.3 cubic foot front loader	4 years	\$779	\$300

<b>Total Estimated Value of Personal Property Damages*:</b>	
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\*Automatically calculates total





# SBU Claim Form (continued)

## VERIFICATION (TO BE COMPLETED BY EACH CLAIMANT)

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 if any of these requirements are not met. Missing information will delay the processing of your claim.*

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

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

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

**Did you sign the form in ink? If you are mailing, delivering, or emailing your claim, MSD requires a hand-signed claim form.**