



SOLID FUEL HEATING QUESTIONNAIRE

INSURANCE COMPANY				POLICY / BINDER NUMBER			
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS				2. BROKERAGE/AGENCY INFORMATION			
CONTACT NUMBER(S)				BROKER CODE		CONTACT NAME	
TYPE NO.		TYPE NO.		PHONE NO.		FAX NO.	
TYPE NO.		TYPE NO.		CONTRACT NUMBER		SUB-CONTRACT NUMBER	
PREFERRED DOCUMENT LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				GROUP / PROGRAM NAME		GROUP ID	
EMAIL ADDRESS				BROKER CLIENT ID		COMPANY CLIENT ID	
WEBSITE ADDRESS							

3. HEATING UNIT						
PRIMARY	AUXILIARY	YEAR	MAKE	MODEL	CERTIFIED? Y/N	CERTIFICATION LABEL
						<input type="checkbox"/> CSA <input type="checkbox"/> ULC
UNIT APPROVED FOR MOBILE HOME? Y/N				PHOTO REQUIRED? Y/N		<input type="checkbox"/> OTL <input type="checkbox"/> WH <input type="checkbox"/>

HEATING UNIT TYPE				FUEL	
ACORN STOVE BOX, FRANKLIN OR POT BELLY STOVE (LOOSE FITTING OR NO DOORS)		WOOD / OIL COMBINATION		NO. OF HOURS USED PER DAY	
COOKSTOVE		WOOD FURNACE		NO. OF DAYS USED PER YEAR	
FIREPLACE INSERT		WOOD FURNACE ADD ON		IF NOT WOOD, AMOUNT BURNED ANNUALLY (KG)	
FIREPLACE, ZERO CLEARANCE		WOODSTOVE, AIRTIGHT		IF WOOD, NO. OF CORDS BURNED ANNUALLY	
MASONRY FIREPLACE		WOODSTOVE, NOT AIRTIGHT		FACE CORD (16"X4'X8')	
PELLET STOVE				STANDARD BUSH CORD (4'X4'X8')	

4. UNIT INSTALLATION					
RISK ADDRESS				WHERE IS HEATING UNIT LOCATED?	
INSTALLED BY			IS THE INSTALLER WETT CERTIFIED? Y/N		WETT #

5. CHIMNEY					
MASONRY CHIMNEY			METAL CHIMNEY		
TYPE			LABELLED		
MASONRY			FACTORY BUILT DOUBLE WALLED METAL CHIMNEY		
CONCRETE			OTHER		
OTHER			YEAR		
CONSTRUCTION			MANUFACTURER		
BUILT FROM GROUND?			INSTALLED BY		
BUILT FROM FOUNDATION?			WETT CERTIFIED?		
CHIMNEY LINING			WETT #		
FLUE TILE			IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650C / 1200F? Y/N		
STAINLESS STEEL					
OTHER					
LOSS PREVENTION AND INSTALLATION FOR ALL CHIMNEY TYPES					
CLEANING			CHIMNEY INSTALLED		
TIMES PER YEAR			INSIDE BUILDING		DOES UNIT SHARE A CHIMNEY FLUE? Y/N
BY WHOM			OUTSIDE BUILDING IN INSULATED ENCLOSURE		PROVIDE DETAILS:
DATE OF LAST			OUTSIDE BUILDING		

6. REMARKS					

SOLID FUEL HEATING QUESTIONNAIRE

7. CLEARANCES

IMPORTANT

THE ACTUAL CLEARANCE IS WHAT YOU MEASURE, WHEREAS THE REQUIRED DISTANCE IS THAT SPECIFIED IN THE OWNER'S MANUAL OR ON THE LABEL ATTACHED TO THE HEATING UNIT. THE MEASUREMENTS ARE IN

INCHES OR CENTIMETRES

IS THERE A THIMBLE WHERE THE PIPE PASSES THROUGH WALL? YES NO

TOTAL LENGTH OF ALL STOVE PIPE (INCLUDING ELBOWS) _____

NUMBER OF ELBOWS IN STOVE PIPE? _____

CONSTRUCTION OF STOVE PIPE

- DOUBLE WALLED
- SINGLE WALLED (INCLUDING BLACK STEEL)
- GALVANIZED
- OTHER (SPECIFY) _____

CONSTRUCTION OF SIDEWALL _____

BACKWALL _____

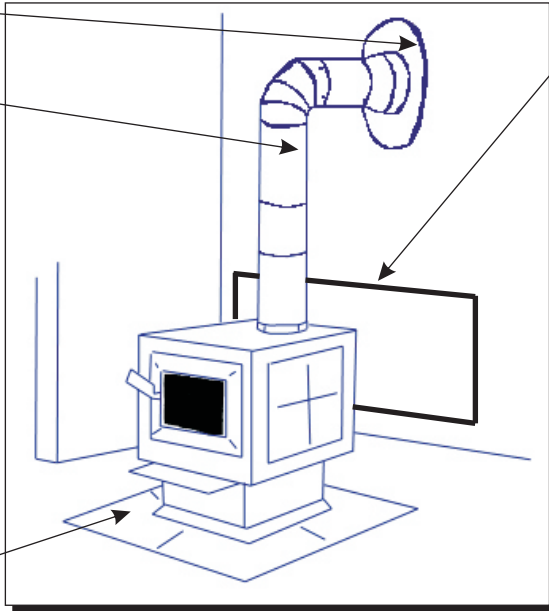
CEILING _____

DOES THE STOVE PIPE PASS THROUGH A CONCEALED SPACE/WALL? YES NO

DESCRIBE _____

IS THERE A NON-COMBUSTIBLE PAD? YES NO

SHORTEST DISTANCE OF UNIT TO FURNITURE, FUEL OR OTHER COMBUSTIBLE MATERIAL _____



* SEE IMPORTANT MESSAGE ABOVE

		ACTUAL	REQUIRED
SHIELD DISTANCE	WALL TO SHIELD		
	TOP OF STOVE TO TOP OF SHIELD		
	HEAT SHIELD TO FLOOR		
SHORTEST DISTANCE OF STOVE TO	BOTTOM OF STOVE TO FLOOR		
	BACKWALL		
	SIDEWALL		
	CORNER		
SHORTEST DISTANCE OF STOVE PIPE TO	CEILING		
	BACKWALL		
	SIDEWALL		
SHORTEST DISTANCE FROM HEATING UNIT TO EDGE OF FLOOR PAD IN	CEILING		
	FRONT		
	LEFT		
	RIGHT		
	BACK		

TYPE OF SHIELDING:

- SHEET METAL - PERMANENTLY INSTALLED? YES NO
- CERAMIC TILE
- BRICK
- CONCRETE
- OTHER _____

ARE THE WALL SPACERS NON-COMBUSTIBLE? YES NO

IS THERE AN AIR SPACE AT TOP AND BOTTOM OF SHIELD? YES NO

8. LOSS PREVENTION

ASHES DISPOSED OF IN A METAL CONTAINER? Y/N	HOW FAR IS THE FUEL STORED FROM UNIT? <input type="checkbox"/> FEET <input type="checkbox"/> METRES
METAL CONTAINER STORED: <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	SMOKE DETECTOR ON THE SAME FLOOR AS UNIT? Y/N
METAL CONTAINER EQUIPPED WITH A METAL LID? Y/N	FIRE EXTINGUISHER IN THE AREA OF THE UNIT? Y/N
ASH CONTAINER PLACED ON A NON-FLAMMABLE SURFACE? Y/N	CARBON MONOXIDE DETECTOR IN THE BUILDING? Y/N
SINCE THE INSTALLATION, INCLUDING CHIMNEY, HAS UNIT BEEN INSPECTED BY SOMEONE WHO IS WETT CERTIFIED? Y/N	IF YES, PROVIDE WETT#
ANY MODIFICATIONS BEEN MADE TO THE HEATING UNIT OR CHIMNEY SINCE INSTALLED OR INSPECTED? Y/N	EXPLAIN MODIFICATION:
HAS THERE BEEN A PREVIOUS CHIMNEY FIRE? Y/N	CAUSE OF FIRE:

9. REMARKS

10. COMPLETED BY

PRINT NAME _____ SIGNATURE _____ DATE _____