



Solid Fuel Heating Questionnaire

Policy Number _____

Report Date _____

Photo Required Yes No

Photo Attached Yes No

Insurance Company _____ Insured _____

Agent/Broker _____ Broker Client ID # _____

1. Heating Unit

Type : _____
Make _____
Model _____
Age _____

- Acorn Stove, Box, Franklin or Pot Belly Stove (loose fitting or no doors)
- Cookstove
- Fire Place Insert
- Fireplace, Zero Clearance
- Masonry Fireplace

- Pellet Stove
- Canadian Standards Association (CSA)
- Warnock-Hersey Prof. Service Ltd.
- Space Heater
- Wood Stove, Airtight
- Wood Stove, Not Airtight

- Wood Furnace
- Wood Furnace Add On
- Wood / Oil Combination
- Underwriters' Laboratories of Canada (ULC)
- Other (Specify) _____

Is the Unit Certified? Yes No If Yes, by: _____

Address of Premises Where Unit is Installed Principle Residence Other (Specify) _____

Where is the Heating Unit Located?

- Attached Garage
- Detached Garage
- Workshop
- Dwelling (Specify) _____
- Other (Specify) _____

The Heating Unit is: Primary Auxiliary

How Often is the Heating Unit Used? Number of Hours Per Day _____ Number of Days per Year _____
 Face Cord (16" x 4" x 8")

Fuel: Wood Only Number of Cords Used Annually _____ Standard/Brush Cord (4" x 4" x 8")
 Wood and Oil Pellet (Specify Type) _____ Other (Specify Type) _____

If Fuel is Not Wood, Specify Amount Burned Annually _____

Are Ashes Disposed of in a Metal Container? Yes No

Is the Container Equipped With a Metal Lid? Yes No

Is the Ash Container Placed on a Non-Flammable Surface? Yes No

2. Chimney

Type: Masonry Chimney Lining: Flue Tile Stainless Steel Other (Specify) _____

Factory Built Double Walled Metal Chimney – Name of Manufacturer _____

Installation by a Professional? Yes No If Yes, Name of Firm _____

Unknown

Labelled:

- Canadian Standards Association (CSA) Underwriter's Laboratories of Canada
 Warnock-Hersey Prof. Service LTD. Other (Specify) _____

Concrete _____ Other Type of Chimney (Specify) _____ Unknown _____
 Age: _____ Same as Heating Unit OR _____
 Does the Unit Share a Chimney Flue? Yes No Provide Details _____
 Chimney is Installed: Inside Building Outside Building Outside Building in Insulated Enclosure
 How Many Times per Year is the Chimney Cleaned? _____ Date of Last Cleaning? _____
 By Whom? _____

3. Clearances

IMPORTANT: Please complete the following chart. 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
Actual Required

Shortest Distance of Stove to:	Back Wall	Actual	Required
	Side Wall		
Corner			
Ceiling			
Shortest Distance of Stove Pipe to:	Back Wall		
	Side Wall		
	Ceiling		
Shortest Distance from Heating Unit to Edge of Floor Pad in:	Front		
	Left Side		
	Right		
	Back		

Draw and Label Diagram of How the Unit Looks

Is there a thimble where the pipe passes through the 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 _____

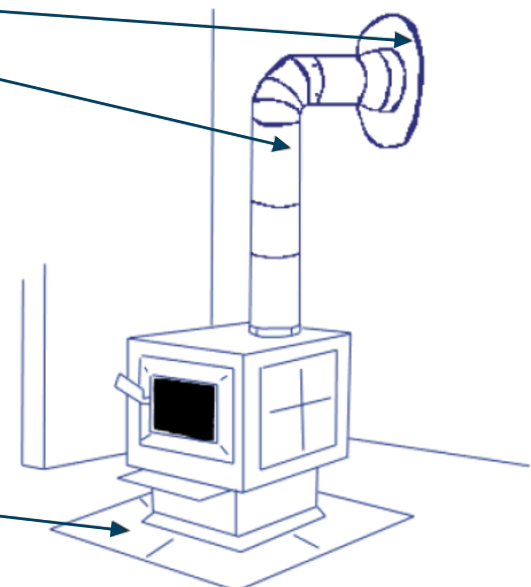
Back Wall _____

Ceiling _____

Is There a Non-Combustible Pad?

- Yes No

Shortest Distance of Unit to Furniture, Fuel or Other Combustible Material: _____





4. Installation

Who Installed the Heating Unit? Heating Contractor Homeowner Other (Specify) _____

Is the Contractor WETT Certified? Yes No

Does the Stove Pipe Pass Through a Concealed Space/Wall? Yes Describe _____
No Not Applicable

Type of Shielding: Sheet Metal Permanently Installed? Yes No Ceramic Tile

Brick Concrete Other _____

Distances Are In: Inches Centimetres

Distance from Wall to Shield: _____ Distance from Top of Stove to Top of Shield: _____

Distance from Heat Shield to Floor _____

Are the wall spacers non-combustible? Yes No Is there an air space at top and bottom? Yes No

Is the shield one inch from the wall? Yes No

5. Other

Has the installation, including chimney, been inspected by someone who is WETT Certified?

Yes No (Explain) _____

Have any modifications been made to the heating unit or chimney since installed or inspected?

Yes No (Explain) _____

6. Remarks

Completed by: _____

Date: _____