



SOLID FUEL HEATING QUESTIONNAIRE

POLICY NUMBER

REPORT DATE

YYYY | MM | DD

PHOTO REQUIRED YES NO
 PHOTO ATTACHED YES NO

INSURANCE COMPANY	INSURED	AGENT/BROKER	BROKER CLIENT ID#
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1. HEATING UNIT

TYPE ACORN STOVE, BOX, FRANKLIN OR POT BELLY STOVE (LOOSE FITTING OR NO DOORS) SPACE HEATER OTHER (SPECIFY) _____

MAKE _____ COOKSTOVE WOOD STOVE, AIRTIGHT

MODEL _____ FIRE PLACE INSERT WOODSTOVE, NOT AIRTIGHT

AGE YYYY FIREPLACE, ZERO CLEARANCE WOOD FURNACE

MASONRY FIREPLACE WOOD FURNACE ADD ON

PELLET STOVE WOOD / OIL COMBINATION

IS THE UNIT CERTIFIED? YES NO CANADIAN STANDARDS ASSOCIATION (CSA) UNDERWRITERS' LABORATORIES OF CANADA (ULC)

IF YES, BY: WARNOCK-HERSEY PROF. SERVICE LTD. OTHER (SPECIFY) _____

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) _____

IS THE HEATING UNIT PRIMARY AUXILIARY HOW OFTEN IS HEATING UNIT USED? NUMBER OF HOURS PER DAY _____ NUMBER OF DAYS PER YEAR _____

FUEL: WOOD ONLY NUMBER OF CORDS USED ANNUALLY _____ FACE CORD (16" x 4' x 8')

WOOD AND OIL PELLET (SPECIFY TYPE) _____ STANDARD /BUSH CORD (4' x 4' x 8')

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 PROFESSIONAL? YES NO IF YES, NAME OF FIRM _____ UNKNOWN

LABELLED:

CANADIAN STANDARDS ASSOCIATION (CSA) UNDERWRITERS' LABORATORIES OF CANADA

WARNOCK-HERSEY PROF. SERVICE LTD. OTHER (SPECIFY) _____

CONCRETE

OTHER TYPE OF CHIMNEY (SPECIFY) _____

UNKNOWN

AGE: SAME AS HEATING UNIT OR YYYY

DOES UNIT SHARE A CHIMNEY FLUE? YES PROVIDE DETAILS _____ NO

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? YYYY | MM | DD BY WHOM? _____

CLEARANCE OF CHIMNEY TO NEAREST COMBUSTIBLES _____ INCHES CENTIMETRES IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 850°C YES NO UNKNOWN

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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		
	SIDE WALL		
	CORNER		
	CEILING		
SHORTEST DISTANCE OF STOVE PIPE TO:	BACKWALL		
	SIDEWALL		
	CEILING		
SHORTEST DISTANCE FROM HEATING UNIT TO EDGE OF FLOOR PAD IN:	FRONT		
	LEFT SIDE		
	RIGHT		
	BACK		

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:

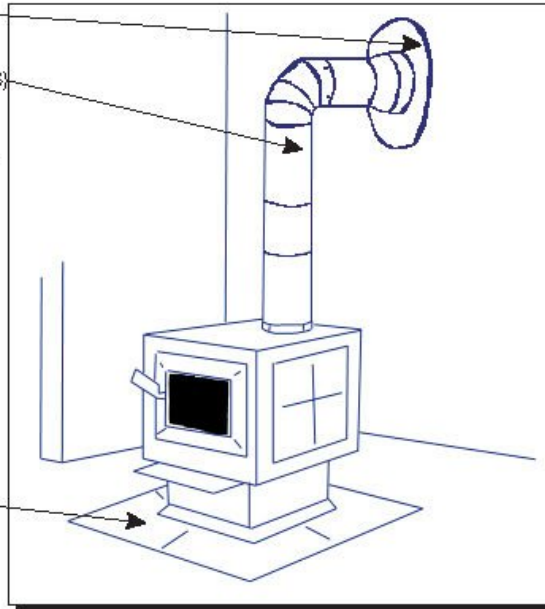
SIDEWALL _____

BACKWALL _____

CEILING _____

IS THERE A NON-COMBUSTIBLE PAD? YES NO

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



DRAW AND LABEL DIAGRAM OF HOW THE UNIT LOOKS

WALL

WALL

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: ____/____/____