







# SOLID FUEL HEATING QUESTIONNAIRE

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

<b>3. HEATING UNIT</b>						
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"/>

<b>HEATING UNIT TYPE</b>				<b>FUEL</b>	
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')	

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

<b>5. CHIMNEY</b>			
<b>MASONRY CHIMNEY</b>		<b>METAL CHIMNEY</b>	
TYPE	TYPE	LABELLED	
MASONRY	FACTORY BUILT DOUBLE WALLED METAL CHIMNEY	CANADIAN STANDARDS ASSOCIATION	
CONCRETE	OTHER	WARNOCK-HERSEY PROF. SERVICE LTD.	
OTHER	YEAR	UNDERWRITER'S LABORATORIES OF CANADA	
	MANUFACTURER	S629	
BUILT FROM GROUND?	INSTALLED BY	OTHER	
BUILT FROM FOUNDATION?	WETT CERTIFIED?	CLEARANCE TO NEAREST COMBUSTIBLES	
<b>CHIMNEY LINING</b>	WETT #	_____ <input type="checkbox"/> INCHES	
FLUE TILE	IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650C / 1200F? Y/N	_____ <input type="checkbox"/> CENTIMETRES	
STAINLESS STEEL			
OTHER			
<b>CLEANING</b>	<b>CHIMNEY INSTALLED</b>		
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		

<b>6. REMARKS</b>	





# PERSONAL LINES UMBRELLA INSURANCE APPLICATION

BILLING  
 BROKER/AGENT  COMPANY

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

<b>3. POLICY PERIOD</b>			
EFFECTIVE DATE	TIME	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	EXPIRY DATE
			AT 12:01 A.M.
ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.			

<b>4. APPLICANT DATA</b>			
LEGAL ENTITY		CO-INSURED NAME	
OCCUPATION(where applicable)		OCCUPATION(where applicable)	
YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH	YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH
EMPLOYER		EMPLOYER	
HAS APPLICANT CHANGED ADDRESS IN LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE PREVIOUS ADDRESS			
			POSTAL CODE

<b>5. UNDERWRITING QUESTIONS</b> (If yes to any of the following questions, please provide details in remarks.)	
1) HAS ANY INSURANCE COMPANY DECLINED, CANCELLED, OR REFUSED ANY FORM OF INSURANCE IN THE PAST 6 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2) DO ANY OF THE UNDERLYING POLICIES HAVE ANY COVERAGE RESTRICTIONS ADDED TO THE STANDARD WORDINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3) DOES ANY DRIVER OF THE AUTOMOBILES HAVE A MAJOR OR SERIOUS (PRIOR 6 YEARS) DRIVING CONVICTION OR MORE THAN ONE MINOR CONVICTION IN PAST 3 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4) HAS ANY DRIVER OF THE AUTOMOBILES HAD THEIR LICENSE SUSPENDED OR CANCELLED IN THE LAST 6 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5) ARE THERE ANY OWNED PROPERTIES, AUTOMOBILES, WATERCRAFTS OR RECREATIONAL VEHICLES NOT COVERED BY ANY OF THE LISTED UNDERLYING POLICIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6) DOES ANY MEMBER OF THE HOUSEHOLD OWN AN AIRCRAFT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7) DO ANY MEMBERS OF THE HOUSEHOLD SERVE ON A BOARD OF DIRECTORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8) DO ANY OF THE PREMISES CONTAIN AN OFFICE OR BUSINESS OPERATION? HOME BUSINESS TYPE _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
9) DOES ANY APPLICANT OWN AUTOMOBILES, PROPERTY OR WATERCRAFT THAT ARE LOCATED OUTSIDE OF CANADA? COUNTRY _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
10) DOES ANY APPLICANT OWN AUTOMOBILES OR WATERCRAFT THAT ARE OPERATED OUTSIDE OF CANADA? DURATION _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. OPERATOR INFORMATION (All operators of automobiles, watercrafts or recreational vehicles)					
OPERATOR #	NAME	LICENCE NUMBER	LICENCE TYPE	DATE OF BIRTH	DATE LICENSED

<b>7. LIABILITY LOSS HISTORY</b>	
1) HAVE ANY OF THE APPLICANTS OR RESIDENTS OF THE HOUSEHOLD EXPERIENCED ANY LOSS WHICH HAS BEEN PAID IN AN AMOUNT OF \$5,000 OR MORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2) HAVE ANY OF THE APPLICANTS OR RESIDENTS OF THE HOUSEHOLD BEEN SUED FOR LIBEL OR SLANDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3) HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT OR ANY RESIDENT OF THE HOUSEHOLD IN THE PAST 5 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DATE OF LOSS	LOCATION #	OPERATOR #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER



# PERSONAL LINES UMBRELLA INSURANCE APPLICATION

**8. UMBRELLA LIABILITY LIMIT REQUIRED** (In excess of underlying insurance)

\$1,000,000 (minimum)  
  \$2,000,000  
  \$3,000,000  
  \$4,000,000  
  \$5,000,000  
  \_\_\_\_\_

BASE PREMIUM \$ \_\_\_\_\_

**9. AUTOMOBILE INSURANCE UNDERLYING POLICY INFORMATION** (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	INCL. SEF/OPCF 44 END'T (Y/N)	ADDITIONAL PREMIUM

**10. HABITATIONAL INSURANCE UNDERLYING POLICY INFORMATION** (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	ADDITIONAL PREMIUM

**11. TRAVEL TRAILER INSURANCE UNDERLYING POLICY INFORMATION** (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	ADDITIONAL PREMIUM

**12. WATERCRAFT INSURANCE UNDERLYING POLICY INFORMATION** (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	LENGTH <input type="checkbox"/> FT <input type="checkbox"/> M	HORSE POWER	MAXIMUM SPEED IN (MPH)	ADDITIONAL PREMIUM





# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

**1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS** **2. INSURED'S FULL NAME AND MAILING ADDRESS**

		POSTAL CODE	POSTAL CODE

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)


**4. COVERAGES**

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <b>OR</b> <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION				COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE		
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY		
				OR		
				<input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY		
NON OWNED AUTOMOBILE						
POLLUTION LIABILITY EXTENSION						
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE		
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

**5. CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail \_\_\_\_\_ days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS** **7. ADDITIONAL INSURED NAME AND MAILING ADDRESS** (but only with respect to the operations of the Named Insured)

		POSTAL CODE	POSTAL CODE

BROKER CLIENT ID: \_\_\_\_\_

**8. CERTIFICATE AUTHORIZATION**

ISSUER	CONTACT NUMBER(S)			
AUTHORIZED REPRESENTATIVE	TYPE	NO.	TYPE	NO.
	TYPE	NO.	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	EMAIL ADDRESS		