



SOLID FUEL HEATING QUESTIONNAIRE

INSURANCE COMPANY				POLICY / BINDER NUMBER			
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS				2. BROKERAGE/AGENCY INFORMATION			
				POSTAL CODE		POSTAL CODE	
CONTACT NUMBER(S)		TYPE		BROKER CODE		CONTACT NAME	
NO.		TYPE		NO.		NAME	
TYPE		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	

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. 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"/> METERS			
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			
THE INSTALLATION, INCLUDING CHIMNEY, HAS 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:			
HAS THERE BEEN A PREVIOUS CHIMNEY FIRE? Y/N		CAUSE:			

6. CHIMNEY					
YEAR	MANUFACTURER	PROF. INST.?	NAME OF INSTALLER	CERTIFICATION LABEL	
				<input type="checkbox"/> CSA <input type="checkbox"/> ULC # S6 _____	
				<input type="checkbox"/> OTL <input type="checkbox"/> WH <input type="checkbox"/>	
CHIMNEY TYPE	CHIMNEY INSTALLED	CLEANING		DOES UNIT SHARE A CHIMNEY FLUE? Y/N	
CONCRETE	INSIDE BUILDING	TIMES PER YEAR			
FACTORY BUILT DOUBLE WALLED METAL CHIMNEY	OUTSIDE BUILDING IN INSULATED ENCLOSURE	BY WHOM		PROVIDE DETAILS:	
MASONRY	OUTSIDE BUILDING	DATE OF LAST			
MASONRY CHIMNEY - LINING	MASONRY CHIMNEY			METAL CHIMNEY	
FLUE TILE	BUILT FROM GROUND? Y/N			CLEARANCE TO NEAREST COMBUSTIBLES <input type="checkbox"/> INCHES <input type="checkbox"/> CENTIMETERS	
STAINLESS STEEL	BUILT FROM FOUNDATION? Y/N			IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650C / 1200F? Y/N	



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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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	

3. POLICY PERIOD			
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.			

4. APPLICANT DATA (AS ALLOWED BY PROVINCIAL REGULATIONS)			
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

5. UNDERWRITING QUESTIONS (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 THE APPLICANT HAVE LIABILITY COVERAGE NOT LISTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4) DOES ANY MEMBER OF THE HOUSEHOLD OWN AN AIRCRAFT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5) DO THE POLICIES COVER ALL OWNED RECREATIONAL MOTOR VEHICLES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6) DOES ANY DRIVER OF THE AUTOMOBILES HAVE A MAJOR (PRIOR 6 YEARS) OR SERIOUS DRIVING CONVICTION OR MORE THAN ONE MINOR CONVICTION IN PAST 3 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7) 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
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					
OPERATOR #	NAME	LICENCE NUMBER	LICENCE TYPE	DATE OF BIRTH	DATE LICENSED

7. LIABILITY LOSS HISTORY	
1) 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
2) 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
3) HAVE ANY OF THE APPLICANTS OR RESIDENTS OF THE HOUSEHOLD BEEN SUED FOR LIBEL OR SLANDER?	<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
 OTHER (SPECIFY) _____
 BASE PREMIUM \$ _____

9. AUTOMOBILE INSURANCE UNDERLYING POLICY INFORMATION

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

10. HABITATIONAL INSURANCE UNDERLYING POLICY INFORMATION

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

11. TRAVEL TRAILER INSURANCE UNDERLYING POLICY INFORMATION

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	LEASED Y/N	PREMIUM

12. WATERCRAFT INSURANCE UNDERLYING POLICY INFORMATION

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

