



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
							<input type="checkbox"/> OTL <input type="checkbox"/> WH <input type="checkbox"/>
ACORN STOVE BOX, FRANKLIN OR POT BELLY STOVE (LOOSE FITTING OR NO DOORS)			FIREPLACE, ZERO CLEARANCE		WOODSTOVE, AIRTIGHT		WOOD FURNACE ADD ON
COOKSTOVE			MASONRY FIREPLACE		WOODSTOVE, NOT AIRTIGHT		WOOD / OIL COMBINATION
FIREPLACE INSERT			PELLET STOVE		WOOD FURNACE		SPACE HEATER
FUEL		NO. OF CORDS BURNED ANNUALLY		IF NOT WOOD, AMOUNT BURNED ANNUALLY (KG)	NO. OF HOURS USED PER DAY	NO. OF DAYS USED PER YEAR	UNIT APPROVED FOR MOBILE HOME?
		FACE CORD (16'X4'X8')					PHOTO REQUIRED? Y/N
		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		

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 PROVIDE DETAILS:
<input type="checkbox"/> CONCRETE	<input type="checkbox"/> INSIDE BUILDING	TIMES PER YEAR		
<input type="checkbox"/> FACTORY BUILT DOUBLE WALLED METAL CHIMNEY	<input type="checkbox"/> OUTSIDE BUILDING IN INSULATED ENCLOSURE	BY WHOM		
<input type="checkbox"/> MASONRY	<input type="checkbox"/> OUTSIDE BUILDING	DATE OF LAST		
MASONRY CHIMNEY - LINING	MASONRY CHIMNEY			METAL CHIMNEY
<input type="checkbox"/> FLUE TILE	BUILT FROM GROUND? Y/N			CLEARANCE TO NEAREST COMBUSTIBLES <input type="checkbox"/> INCHES <input type="checkbox"/> CENTIMETERS _____
<input type="checkbox"/> STAINLESS STEEL	BUILT FROM FOUNDATION? Y/N			IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650C / 1200F? Y/N _____
<input type="checkbox"/>				

