



SOLID FUEL HEATING QUESTIONNAIRE

POLICY NUMBER
3954484REPORT DATE
30/Mar/'12PHOTO REQUIRED ☒ YES ☐ NO
PHOTO ATTACHED ☒ YES ☐ NOINSURANCE
COMPANY **ECONOMICAL**INSURED
B FRIEDMANAGENT/
BROKER **CARLETON**BROKER CLIENT ID#
FRIB01

1. HEATING UNIT

TYPE _____	<input type="checkbox"/> ACORN STOVE, BOX, FRANKLIN OR POT BELLY STOVE (LOOSE FITTING OR NO DOORS)	<input type="checkbox"/> SPACE HEATER	<input type="checkbox"/> OTHER (SPECIFY) _____
MAKE _____	<input type="checkbox"/> COOKSTOVE	<input type="checkbox"/> WOOD STOVE, AIRTIGHT	
MODEL _____	<input type="checkbox"/> FIRE PLACE INSERT	<input checked="" type="checkbox"/> WOODSTOVE, NOT AIRTIGHT	
AGE <u>30+ yrs</u>	<input type="checkbox"/> FIREPLACE, ZERO CLEARANCE	<input type="checkbox"/> WOOD FURNACE	
	<input type="checkbox"/> MASONRY FIREPLACE	<input type="checkbox"/> WOOD FURNACE ADD ON	
	<input type="checkbox"/> PELLET STOVE	<input type="checkbox"/> WOOD / OIL COMBINATION	
IS THE UNIT CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CANADIAN STANDARDS ASSOCIATION (CSA)	<input type="checkbox"/> UNDERWRITERS' LABORATORIES OF CANADA (ULC)	
IF YES, BY: _____	<input type="checkbox"/> WARNOCK-HERSEY PROF. SERVICE LTD.	<input type="checkbox"/> OTHER (SPECIFY) _____	
ADDRESS OF PREMISES WHERE UNIT IS INSTALLED	<input type="checkbox"/> PRINCIPLE RESIDENCE	<input checked="" type="checkbox"/> OTHER (SPECIFY) <u>Cottage</u>	
WHERE IS THE HEATING UNIT LOCATED?			
<input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> DETACHED GARAGE			
<input type="checkbox"/> WORKSHOP			
<input type="checkbox"/> DWELLING (SPECIFY) _____			
<input checked="" type="checkbox"/> OTHER (SPECIFY) <u>Basement</u>			
IS THE HEATING UNIT <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> AUXILIARY			
HOW OFTEN IS HEATING UNIT USED? NUMBER OF HOURS PER DAY <u>5</u> NUMBER OF DAYS PER YEAR <u>50</u>			
<input type="checkbox"/> FACE CORD (16" x 4' x 8')			
FUEL: <input checked="" type="checkbox"/> WOOD ONLY	NUMBER OF CORDS USED ANNUALLY <u>1</u>	<input type="checkbox"/> STANDARD /BUSH CORD (4' x 4' x 8')	
<input type="checkbox"/> WOOD AND OIL	<input type="checkbox"/> PELLET (SPECIFY TYPE) _____	<input type="checkbox"/> OTHER (SPECIFY TYPE) _____	
IF FUEL IS NOT WOOD, SPECIFY AMOUNT BURNED ANNUALLY _____			
ARE ASHES DISPOSED OF IN A METAL CONTAINER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IS THE CONTAINER EQUIPPED WITH A METAL LID? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IS THE ASH CONTAINER PLACED ON A NON-FLAMMABLE SURFACE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

2. CHIMNEY

TYPE <input checked="" type="checkbox"/> MASONRY	CHIMNEY LINING: <input checked="" type="checkbox"/> FLUE TILE <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> FACTORY BUILT DOUBLE WALLED METAL CHIMNEY - NAME OF MANUFACTURER _____	
INSTALLATION BY PROFESSIONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF FIRM _____ <input checked="" type="checkbox"/> UNKNOWN	
LABELLED:	
<input type="checkbox"/> CANADIAN STANDARDS ASSOCIATION (CSA)	<input type="checkbox"/> UNDERWRITERS' LABORATORIES OF CANADA
<input type="checkbox"/> WARNOCK-HERSEY PROF. SERVICE LTD.	<input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> CONCRETE	
<input type="checkbox"/> OTHER TYPE OF CHIMNEY (SPECIFY) _____	
<input type="checkbox"/> UNKNOWN	
AGE: <input checked="" type="checkbox"/> SAME AS HEATING UNIT OR _____	
DOES UNIT SHARE A CHIMNEY FLUE? <input type="checkbox"/> YES PROVIDE DETAILS _____ <input checked="" type="checkbox"/> NO	
CHIMNEY IS INSTALLED <input type="checkbox"/> INSIDE BUILDING <input checked="" type="checkbox"/> OUTSIDE BUILDING <input type="checkbox"/> OUTSIDE BUILDING IN INSULATED ENCLOSURE	
HOW MANY TIMES PER YEAR IS THE CHIMNEY CLEANED? <u>1</u> DATE OF LAST CLEANING? _____ BY WHOM? _____	
CLEARANCE OF CHIMNEY TO NEAREST COMBUSTIBLES _____ <input type="checkbox"/> INCHES <input type="checkbox"/> CENTIMETRES	
IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650°C <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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

SHORTEST DISTANCE OF STOVE TO:	ACTUAL		REQUIRED
	BACK WALL		
	SIDE WALL		
	CORNER		
SHORTEST DISTANCE OF STOVE PIPE TO:	CEILING		
	BACKWALL		
	SIDEWALL		
SHORTEST DISTANCE FROM HEATING UNIT TO EDGE OF FLOOR PAD IN:	CEILING		
	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) _____

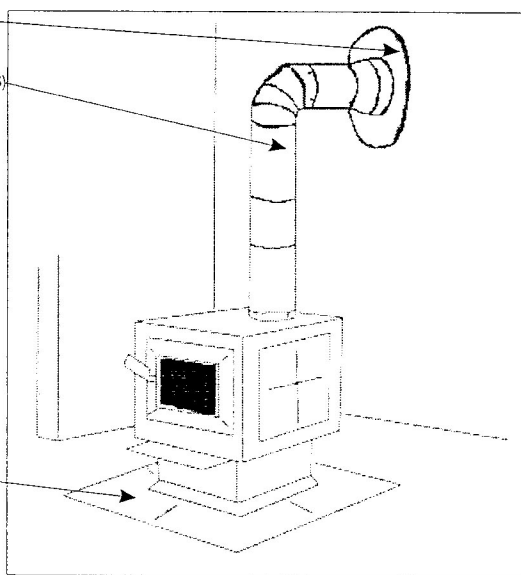
CONSTRUCTION OF SIDEWALL Cinderblock

BACKWALL Cinderblock

CEILING Wood

IS THERE A NON-COMBUSTIBLE PAD? ☒ YES ☐ NO

SHORTEST DISTANCE OF UNIT TO FURNITURE, FUEL OR OTHER COMBUSTIBLE MATERIAL: 5 ft.



DRAW AND LABEL DIAGRAM OF HOW THE UNIT LOOKS



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: _____