

# SOLID FUEL HEATING QUESTIONNAIRE

POLICY NUMBER



• COMPLETE ONE QUESTIONNAIRE PER HEATING UNIT, INCLUDING SOLID MASONRY OPEN FIREPLACES WITHOUT DOORS, ATTACHMENTS OR INSERTS

Insurance Company _____	Insured _____	Agent Broker _____
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Address of premises where unit is installed:  Principal residence or \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Location of unit within the dwelling \_\_\_\_\_

## HEATING UNIT

**Unit Type**

<input type="checkbox"/> Fireplace (with doors)	<input type="checkbox"/> Wood range/Stove	<input type="checkbox"/> Wood add-on furnace
<input type="checkbox"/> Fireplace insert	<input type="checkbox"/> Wood furnace	<input type="checkbox"/> Zero clearance fireplace
<input type="checkbox"/> Space heater	<input type="checkbox"/> Hot air system	<input type="checkbox"/> Wood/oil combination
<input type="checkbox"/> Pellet stove	<input type="checkbox"/> Hot water system	

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Age** \_\_\_\_\_

**Labelled**

<input type="checkbox"/> Canadian Standards Association	<input type="checkbox"/> Underwriters' Laboratories of Canada
<input type="checkbox"/> Warnock-Hersey Professional Service Ltd.	<input type="checkbox"/> None or other, specify _____

**Approved Clearances** (See Label or Installation Manual)

Side _____ inches	Front _____ inches	Top _____ inches
Back _____ inches	Corner _____ inches	

**Note: Use only label or manual listed clearances. Actual clearances to be shown on diagram on reverse.**

Floor Protection: Side \_\_\_\_\_ inches Front \_\_\_\_\_ inches Back \_\_\_\_\_ inches

**Fuel**  Wood only Number of cords burned per year? \_\_\_\_\_  Wood and oil  Other, specify \_\_\_\_\_

How often is unit used? \_\_\_\_\_ days per week

Is the unit the primary source of heat?  Yes  No Primary source is: \_\_\_\_\_

## CHIMNEY

**Type**  Masonry –  Built from ground  Bracket Chimney lining –  Flue tile  None or other, specify \_\_\_\_\_

<input type="checkbox"/> Factory built Class A –	} manufacturer _____	<b>Labelled</b> <input type="checkbox"/> Canadian Standards Association	
<input type="checkbox"/> Factory built 650 degree			<input type="checkbox"/> Warnock-Hersey Professional Service Ltd.
<input type="checkbox"/> Square A _____			<input type="checkbox"/> Underwriters' Laboratories of Canada
<input type="checkbox"/> Other type of chimney, specify _____		<input type="checkbox"/> None or other, specify _____	

**Note: Building Code requires Stainless Steel liner for masonry fireplace inserts.**

Unknown

**Age**  Same as heating unit or \_\_\_\_\_

Chimney is installed  Inside building  Outside building

How often is chimney cleaned? \_\_\_\_\_ By: \_\_\_\_\_ Date of last cleaning: MM/YYYY

## STOVEPIPE

**Type**  Black steel stovepipe  Galvanized stovepipe  Double-walled stovepipe  Single-walled stovepipe

Distance to rear wall: \_\_\_\_\_ inches Construction of wall: \_\_\_\_\_

Distance to ceiling: \_\_\_\_\_ inches Construction of ceiling: \_\_\_\_\_

Does stovepipe pass through a combustible wall?  Yes  No

Is there a ULC certified insulated thimble?  Yes  No Thimble Type: \_\_\_\_\_ Thimble Size: \_\_\_\_\_

Length of stovepipe: \_\_\_\_\_ inches

## INSTALLATION

Was the **heating unit** installed by a heating contractor?  Unknown  No  Yes, name of firm \_\_\_\_\_

Was the **chimney** installed by a heating or masonry contractor?  Unknown  No  Yes, name of firm \_\_\_\_\_

Does the **stovepipe** pass through a concealed space?  Not applicable  No  Yes, explain in Remarks \_\_\_\_\_

Is **protective shielding** used around heating unit? If so, describe (material used, clearances, etc.) \_\_\_\_\_

Does the unit share a **chimney flue** with any other appliance?  Yes  No

If Yes, explain details: \_\_\_\_\_

Does **other appliance** vent above or below the unit?  Above  Below

Has the installation including chimney been inspected and approved by a fire department or building code inspector?  Yes  No

If yes, inspector's name: \_\_\_\_\_

Smoke detector on the same floor as unit?  Yes  No

Carbon monoxide detector in the building?  Yes  No

Fire extinguisher in the area of the unit?  Yes  No Type: \_\_\_\_\_

Where are ashes kept? \_\_\_\_\_

How are ashes disposed of? \_\_\_\_\_