



Solid Fuel Heating Questionnaire

(Please complete both sides)

Broker _____ Policy No. _____

Insured _____

Address _____

1. Do you use wood or other solid fuel as heating source, either primary or supplementary? Yes No

2. DESCRIBE HEATING UNIT:

- Type: Fireplace With doors Open
 Oil/Wood Combination (factory manufactured) thermostatically controlled unit
 Thermostatically controlled wood burning furnace
 Thermostatically controlled furnace with added on wood burning unit
 Fireplace insert Airtight
 Free-standing metal Fireplace Stove Airtight

Make _____ Model _____

Labelled: CSA ULC Other, specify _____

3. CHIMNEY

- Type: Masonry Lined Masonry Unlined Factory Built Metal Chimney
 Other, specify _____

Manufacturer _____

Have you ever had a chimney fire? Yes No

How often is chimney cleaned? _____ Date of last cleaning _____

Age _____ Labelled: CSA ULC Other, specify _____

Does unit share chimney? Yes No If Yes, specify _____

Does unit share flue? Yes No If Yes, specify _____

Does chimney pass through Wall Roof Other (explain) _____

Is all venting installed in accordance with manufacturers specifications? Yes No

Explain: _____

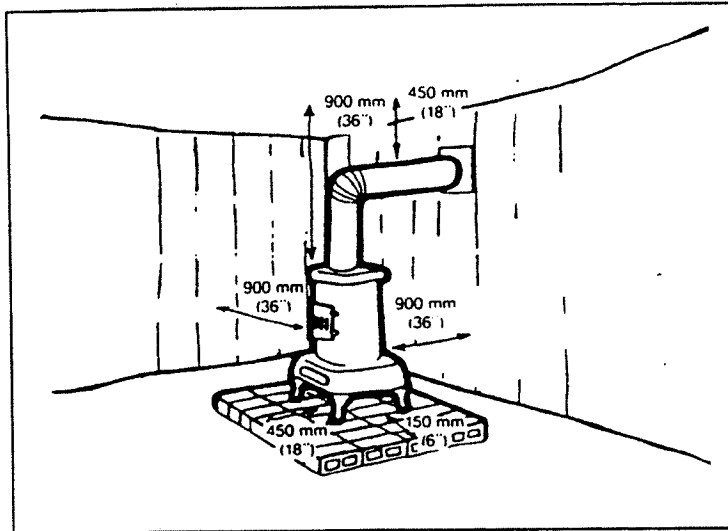
4. INSTALLATION

Was unit installed by Self Professional (Name of Installer) _____

Has the heating unit been installed with at least the recommended clearances shown on diagram?

Yes No If No, please specify _____

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



5. Floor Protection: Masonry Asbestos Other (explain) _____
 Thickness (in inches) _____ Hearth extension (in inches) _____
 Automatic dampers? Yes No

6. **MAINTENANCE and EXPOSURE**

Do you have a Shingle or Shake roof?
 Do you use a metal container for ash removal? Yes No
 Approximately hours/day unit is used _____ Approximate days/week unit is used _____

7. **MISCELLANEOUS INFORMATION**

Type of fuel _____ Amount on hand _____
 Where and how stored? _____
 Is a service contract in force on the unit? Yes No
 Additional Information (e.g. smoke detectors, fire extinguishers, etc.) _____

IT IS RECOMMENDED THAT ONLY WELL SEASONED WOOD BE USED, AND THAT THE CREOSOTE AND OTHER ACCUMULATIONS IN THE FLUE BE REMOVED FREQUENTLY. ONLY METAL CONTAINERS SHOULD BE USED FOR ASH REMOVAL.

BROCHURES ON WOOD HEATING DEVICES ARE AVAILABLE. PLEASE ADVISE YOU BROKER IF YOU REQUIRE ADDITIONAL INFORMATION.

 Signature of Insured

 Date