



Solid Fuel Appliance Questionnaire
(For Wood and Pellet Stoves – One Questionnaire Per Unit)

Intact Insurance Company

Insured Name:	Policy Number:
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Address:

Brokers Name:

Equipment and Installation Details

1. Type of appliance:
 Stove Space Heater Fireplace Fireplace with Insert Other including Pellet Stove

2. Does the appliance have a Certification Label?
 No Yes Don't Know (D/K)

3. If Yes, indicate Certification Agency:
 U.L.C. (Underwriters' Laboratories Canada) C.S.A. (Canadian Standards Association)
 WH (Warnock Hersey Professional Services) Other (specify):

4. Name of Manufacturer:	Model No:	Age of appliance:
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5. Is unit installed in accordance with manufacturer's specifications?
 No Yes D/K

6. List clearance requirement printed on approval plate or attach copy of instructions:

Use, Fuel Storage, Consumption and Ash Disposal

1. Is appliance used for:
 Primary Heating (more than 50% of heat)? Secondary Heating (less than 50% of heat)?
 Space Heating (heating of individual room)? Recreational Purposes (for enjoyment and pleasure)?

2. What is the primary heat source if another appliance?

3. How far is the wood, pellets or solid fuel stored from the unit?
 feet metre

4. How many cords of wood, tons of pellets or other solid fuel used per year?

5. Has there been a previous chimney fire?
 No Yes

If yes, in the Remark Section, indicate date, extent of damage, details of repairs, whether chimney was inspected after repairs and name of inspection company or technician.

For wood or coal appliances — answer questions 6a. and 6b.:

6a. Are ashes stored in a metal container? <input type="checkbox"/> No <input type="checkbox"/> Yes	6b. Is the container stored outdoors? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Chimney Details and Maintenance

Wood and Coal Appliances (Items 1 to 7):

1. Type of Chimney:
- | | |
|--|--|
| <input type="checkbox"/> Masonry with steel liner | <input type="checkbox"/> Bricks and mortar with flue tile lining |
| <input type="checkbox"/> Blocks and mortar with flue tile lining | <input type="checkbox"/> Factory built double walled metal chimney |
| <input type="checkbox"/> None | <input type="checkbox"/> D/K |
| <input type="checkbox"/> Other (specify): | |

2. Chimney certified or labeled by:
- | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|
| <input type="checkbox"/> CSA | <input type="checkbox"/> ULC | <input type="checkbox"/> WH | <input type="checkbox"/> Not Certified/labeled | <input type="checkbox"/> D/K |
| <input type="checkbox"/> Other (specify): | | | | |

3. Does the unit share a chimney flue with any other heating unit?
- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

- 3a. If yes, describe the other unit and specify type of fuel used:

Description:

Fuel: Gas Oil Solid Fuel

- 3b. Is solid fuel appliance vented below, above or same level as the other unit?
- | | | | |
|--------------------------------|--------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> Below | <input type="checkbox"/> Above | <input type="checkbox"/> Same Level | <input type="checkbox"/> N/A |
|--------------------------------|--------------------------------|-------------------------------------|------------------------------|

4. Chimney is installed:
- | | |
|--|---|
| <input type="checkbox"/> Inside Building | <input type="checkbox"/> Outside Building |
|--|---|

5. How often chimney is cleaned?

6. Date of last cleaning (year/month):

7. Who does the cleaning?
- | | |
|------------------------------------|--|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Qualified Chimney Cleaner |
|------------------------------------|--|

Pellet Stoves (Items 8 to 9):

8. Is there a battery back up or alternate source of power?
- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

9. How is pellet stove vented?
- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Above Roof | <input type="checkbox"/> Through Side Wall with Riser | <input type="checkbox"/> Horizontally Through Side Wall (No Riser) |
|-------------------------------------|---|--|

Flue Pipe (Complete for Wood or Coal Burning Appliance)

1. Type of flue pipe:
- | | | | |
|---|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Single lined | <input type="checkbox"/> Double lined | <input type="checkbox"/> Black | <input type="checkbox"/> DC2100 |
| <input type="checkbox"/> Prefab Section | <input type="checkbox"/> Galvanized | <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Other |

2. Flue Pipe certified or labeled by:
- | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|
| <input type="checkbox"/> CSA | <input type="checkbox"/> ULC | <input type="checkbox"/> WH | <input type="checkbox"/> Not Certified or Labeled | <input type="checkbox"/> D/K |
| <input type="checkbox"/> Other (specify): | | | | |

Installation

1. Was the heating unit installed by a heating contractor or WETT certified technician?
- | | | | |
|------------------------------|-----------------------------|---|--|
| <input type="checkbox"/> D/K | <input type="checkbox"/> No | <input type="checkbox"/> Heating Contractor | <input type="checkbox"/> WETT Certified Technician |
|------------------------------|-----------------------------|---|--|

If Heating Contractor -- Name of Company:

If WETT Certified Technician – WETT Certification #:

2. Was the chimney installed by a heating or masonry contractor?
- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> D/K | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|------------------------------|-----------------------------|------------------------------|

If yes – Name of Company:

3. Does the stovepipe pass through a concealed space?
- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

4. Is protective shielding used around heating unit? If so, describe (material used, clearances, etc):

5. Has installation including chimney been inspected and approved by fire department or building code inspector?
- | | | |
|-----------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> D/K |
|-----------------------------|------------------------------|------------------------------|

Installation Diagram

Provide installation and construction details of the heating appliance as detailed in the diagram. If your unit is installed differently provide a diagram of your own. A photo is required.

Construction of:
back wall (a) _____
ceiling (b) _____

Is there a ULC/CSA approved thimble where the pipe passes through wall or ceiling (c)?
 No Yes

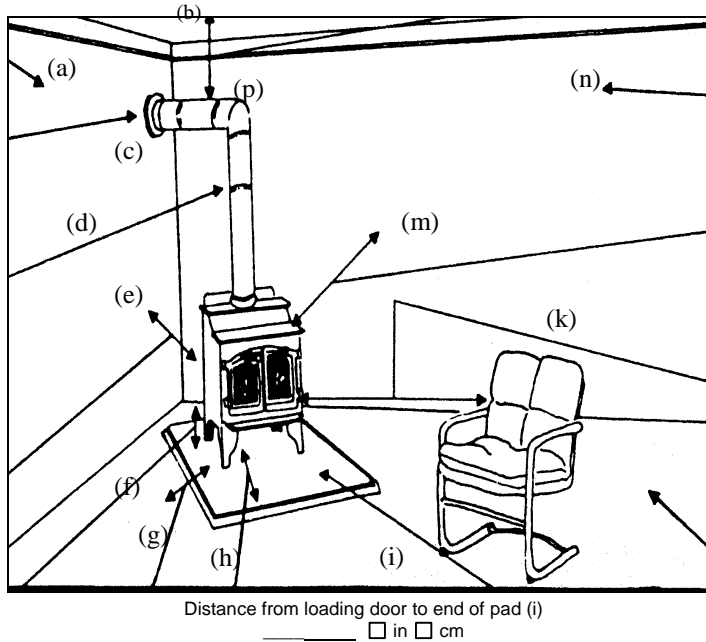
Total length of stovepipe (d)
_____ in _____ cm

Shortest distance of unit to back wall (e) _____ in _____ cm

Distance of unit to floor (f)
_____ in _____ cm

Distance of side of unit to end of pad (g) _____ in _____ cm

Distance of front of unit to end of pad (h) _____ in _____ cm



Shortest distance of stovepipe to ceiling (p)
_____ in _____ cm

Shortest distance from stovepipe to wall (n)
_____ in _____ cm

Construction of nearest side wall _____

Shortest distance of unit to nearest side wall (m) _____ in _____ cm

Shortest distance of unit to furniture, fuel or other combustible material (k)
_____ in _____ cm

Construction material of floor _____

Is there a non-combustible pad No Yes
Describe construction and thickness of base

1. Is the unit located at least 36"/92 cm from all walls? No Yes

2. Is stovepipe located at least 18"/46 cm from wall or ceiling? No Yes

If answer to 1. or 2. is "No", state manufacturer's installation requirements or describe protective shielding used.

3. If there are heat shields are they spaced 1"/25 mm from the wall or ceiling using non-combustible spacers? No Yes N/A

Installation and Construction Legend

(a) Construction material of back wall	(f) Distance or clearance of unit to floor	(k) Shortest distance to furniture, fuel or combustibles
(b) Construction material of ceiling	(g) Shortest distance from side of unit to end of stove pad	(m) Shortest distance to nearest side wall
(c) Pipe thimble	(h) Distance from front of unit to end of stove pad	(n) Shortest distance from vertical stovepipe to any wall
(d) Vertical length of stovepipe	(i) Distance of loading doors to end of stove pad	(p) Distance of horizontal stovepipe to ceiling
(e) Shortest distance of unit to back wall		

Remarks:

I have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Completed by:

Date (yyyy/mm/dd):