



# Solid Fuel Heating Questionnaire

forming Part of the Rented, Owner Occupied or Vacant Dwelling Application

Name of Applicant \_\_\_\_\_ DATE: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Address of premises where unit is installed \_\_\_\_\_

Principle Residence  Yes  No  
If No, specify details: \_\_\_\_\_

Location of Unit within the Dwelling \_\_\_\_\_

If additional space is needed for any question, please use the blank space provided on page 3.

## Heating Unit:

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

TYPE:

<input type="checkbox"/> Acorn Stove, Box, Franklin or Pot Belly Stove (Loose Fitting or No Doors)	<input type="checkbox"/> Masonary Fireplace	<input type="checkbox"/> Woodstove, Not Airtight
<input type="checkbox"/> Cookstove	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Wood Furnace
<input type="checkbox"/> Fireplace Insert	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Wood Furnace Add-on
<input type="checkbox"/> Fireplace, Zero Clearance	<input type="checkbox"/> Woodstove, Airtight	<input type="checkbox"/> Wood / Oil Combination
<input type="checkbox"/> Other(specify) _____		

Is the Unit Certified?  Yes  No

If Yes, by:

Canadian Standards Association (CSA)  Underwriters' Laboratories of Canada (ULC)  Warnock-Hersey Professional Service Ltd.

Other(specify) \_\_\_\_\_

Is the Heating Unit:  Primary  Auxiliary      How often is Heating Unit Used? 

Number of Hours per Day	Number of Days per Year
-------------------------	-------------------------

FUEL:

Wood Only 

Number of Cords Used Annually
-------------------------------

 Face Cord (16' x 4' x 8')  Standard/Bush Cord (4' x 4' x 8')

Wood and Oil  Pellet(Specify Type) \_\_\_\_\_

Other(Specify Type) \_\_\_\_\_

If Fuel is not wood, specify amount burned annually: \_\_\_\_\_

Are ashes disposed of in a metal container?  Yes  No      Is the container equipped with a metal lid?  Yes  No

Is the ash container placed on a non-flammable surface?  Yes  No

## Chimney:

TYPE:

Masonary      Chimney Lining:  Flue Tile  Stainless Steel  Other \_\_\_\_\_  
Specify

Factory Built Double Walled Metal Chimney \_\_\_\_\_  
Name of Manufacturer

Installation by Professional?  Yes  No \_\_\_\_\_  
Name of Firm

Labelled:

Canadian Standards Association (CSA)  Underwriters' Laboratories of Canada (ULC)  Warnock-Hersey Professional Service Ltd.

Other(specify) \_\_\_\_\_

Concrete  Other type of Chimney(Specify) \_\_\_\_\_

Unknown \_\_\_\_\_  
Age:

Does unit share a chimney flue?  Yes  No

If Yes, provide details.



# Solid Fuel Heating Questionnaire

forming Part of the Rented, Owner Occupied or Vacant Dwelling Application

## Chimney: (continued)

Chimney is installed:  Inside Building  Outside Building  Outside Building in Insulated Enclosure

How many times per year is the chimney cleaned \_\_\_\_\_ Date of Last cleaning \_\_\_\_\_ By Whom: \_\_\_\_\_

Clearance of chimney to nearest combustibles: \_\_\_\_\_ Inches Is chimney rated for a continuous flue gas temperature of 650 C  Yes  No  Unknown

## Clearances:

**IMPORTANT**  
Please complete the following chart. Actual clearance is what you measure. Required distance is that specified in the owner's manual or on the label attached to the heating unit.

Measurements are in:  Inches or  Centimetres

	ACTUAL	REQUIRED
Shortest Distance of Stove to:	Back Wall	
	Side Wall	
	Corner	
	Ceiling	
Shortest Distance of Stove Pipe to:	Back Wall	
	Side Wall	
	Ceiling	
Shortest distance from heating unit to edge of floor pad in:	Front	
	Left Side	
	Right	
	Back	

Is there a thimble where the pipe passes through the wall?  Yes  No

Total length of all stove pipe(including elbows) \_\_\_\_\_ Inches

Number of elbows in stove pipe? \_\_\_\_\_

Construction of stove pipe:

- Double Walled
- Single Walled (including black steel)
- Galvanized
- Other (specify) \_\_\_\_\_

Construction of:

\_\_\_\_\_ Sidewall

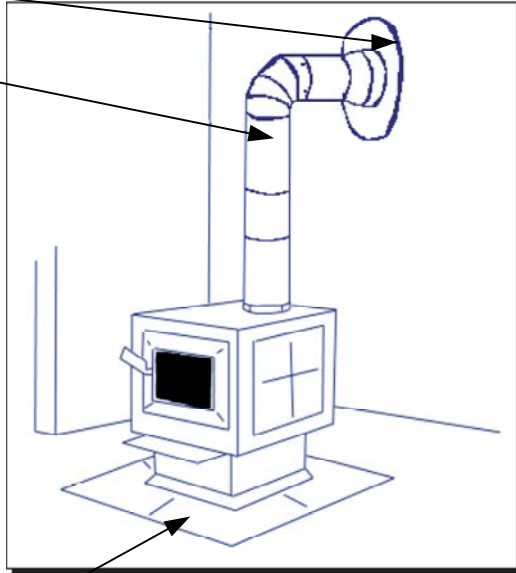
\_\_\_\_\_ Backwall

\_\_\_\_\_ Ceiling

Is there a non-combustible pad?  Yes  No

Shortest distance of unit to furniture, fuel or other combustible material:

\_\_\_\_\_ Inches



DRAW A DIAGRAM OF HOW THE UNIT LOOKS

WALL

WALL



# Solid Fuel Heating Questionnaire

forming Part of the Rented, Owner Occupied or Vacant Dwelling Application

## 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(Specify) \_\_\_\_\_ Describe \_\_\_\_\_

Distances are in:  Inches or  Centimetres

Distance from wall to shield: \_\_\_\_\_ Distance from top of stove to top of shield \_\_\_\_\_ Distance from 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 at least one inch from the wall?  Yes  No

## Other

Has the installation, including chimney, been inspected by someone who is WETT certified?  Yes  No

If No, explain how qualified:

Have any modifications been made to the heating unit or chimney since installed or inspected?  Yes  No

If Yes, please explain:

## Additional Information (if any)



# Solid Fuel Heating Questionnaire

forming Part of the Rented, Owner Occupied or Vacant Dwelling Application

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

**1. An applicant for a contract:**

- a) gives false or erroneous information to the prejudice of the Insurer, or
- b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

**2. The Insured contravenes a term of the Contract or commits a fraud; or**

**3. The Insured willfully makes a false statement in respect of a claim under the Contract.**

**Policy Language Request: (applicable to Quebec applicants only):**

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

**Language de la police d'assurance (pour les résidents du Quebec seulement):**

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

**Our Privacy Policy and Commitment to Protecting Your Privacy**

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

**How We Use and Disclose Your Information**

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

**What We Will NOT Do With Your Information**

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

**We Strive to Protect Your Personal Information**

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

**Your Privacy Choices**

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

**If You Need More Information**

For more information about our privacy policies and procedures, please contact our Privacy Officer, at A.M. Fredericks Underwriting Management Ltd. 201-339 Westney Rd. S. Ajax, Ontario L1S 7J6 Tel: 905-428-1269 Ext 109 Fax: 905-428-3977

Our Insurers privacy contacts can be found:

<http://www.amfredericks.com/privacy.php>

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |