

SOLID FUEL BURNING

1170 – 330 St. Mary Avenue, Winnipeg, MB R3C 3Z5 Tel: (204) 949-7000 Toll free: (888) MILNCO-1 (888-645-6261) Fax: (204) 943-7053

APPLIANCE QUESTIONNAIRE

Name of insured	Policy number	
Broker name	Date	Year home built

WOOD BURNING APPLIANCE

) cm

		model
	appliance type	
Age Quanti	ty of fuel used	
Type: Please provide pho	tograph	
() forced air furnace () ad	ld-on furnace or boiler () space heate	er () airtight () non-airtight () Pellet burning
() fireplace insert () cook	stove () space heater () boiler () oth	er (describe):
()()		- (,
Is appliance certified? ()	yes () no Approved for mobile ho	ome? () yes () no
	s () Underwriters Laboratories of Canada	a () Warnock-Hersey Ltd. (CANADA)
() Underwriters Laboratorie	s Institute	
	ce (see label or installation manual)	
Indicate approval clearan		
	e manufacturers' approval clearances	s as indicated on the label or

MASONARY CHIMNEY

Concrete block () Brick () other	() Built from ground () Bracket
Chimney lining: () Clay Tile Lining () Factory Stainless Ste	eel Liner () none or Other, Specify:

Chimney is installed () Inside Building () Outside Building

Age and general condition of chimney

FACTORY BUILY METAL CHIMNEY

Manufacturer_____

Certified for wood burning appliances () Yes () No	Does it hear III C-S629M label? () Yes ()	
Certified for wood burning appliances () Tes () NO	Dues it bear OLC-SUZSIVI label!	Jies()	

If yes ()	Canadian Standards Association () Underwriters Laboratories of Canada () Warnock-Hersey
Ltd.			

If no, explain_____

Age and general condition _____

Chimney is installed () Ins	ide building () Outside building			
Clearance from chimney to	combustibles		() in () cm

INSTALLATION

Are ashes from appliance disposed of in a non-combustible container? () Yes () No If no, explain:

Was unit installed by heating contractor? () Yes () No If no complete below

Firm or individual

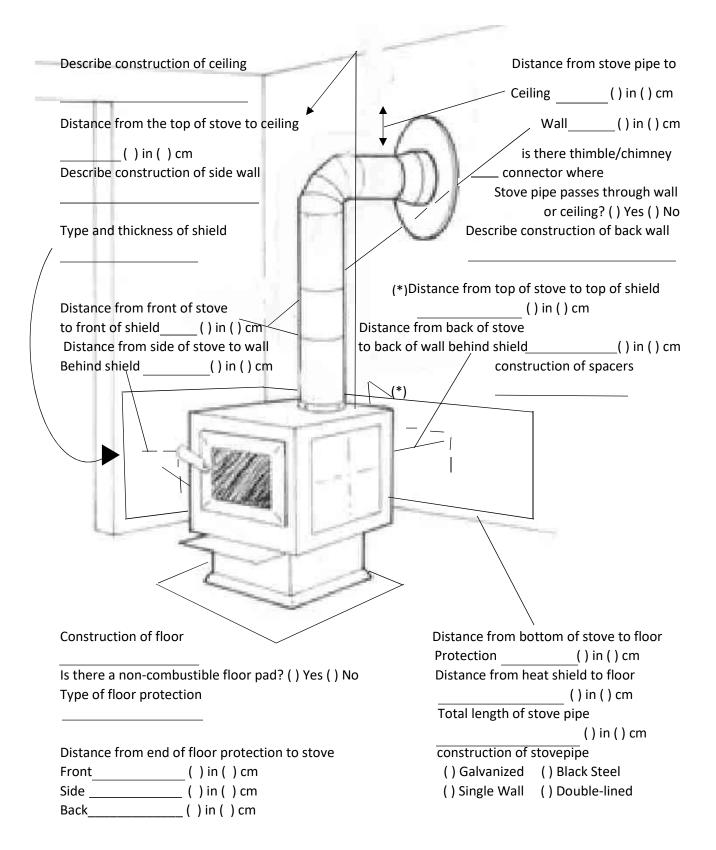
Was chimney installed by a heating or masonry contractor? () Yes () No if no, complete below

Firm or individual _____

Does unit share a chimney flue with any other appliance? () Yes () No If yes, explain:

Have any modifications been made? () Yes () No if yes, explain:

Distance from stove to furniture, fuel or other combustible material () in () cm



MAINTENANCE

How long have you been	Frequency of use: () primarily he	eat (more than 50% of heat) () space		
using your appliance?	heater (heating individual room) () secondary heat (less than 50% of heat)			
years	() recreation only			
How often is the chimney	() once a year () twice a year () 3 or more times a year () other (describe)			
cleaned?				
Date of last cleaning:	Who does the chimney cleaning? () homeowner			
	() Chimney sweep company (give name)			
	() other (describe):			
Is chimney equipped with a	Is chimney equipped with a			
clean out? [] yes [] no				
How much wood do you	How much stores inside?	How much wood is kept on hand?		
use annually (cords=4x4x8)	Cords (cords= 4x4x8)	Cords(cords=4x4x8)		
How far is wood stored	How long is wood aged before	Are combustibles other than wood burnt?		
from appliance?	being used:	() yes () no		
() ft () m	() months () years			
Frequency of ash removal	Type of container used for ash removal			
Where is container stored?	Are metal tools used for ash removal? () yes () no			
Has there been a fire in the	If yes, please provide approximate dates.			
chimney? () yes () no	chimney? () yes () no			
What was the extent of the damage?				
Was the chimney	Was the chimney Was the chimney repaired? () yes () no			
inspected after the fire by				
heating or masonry				
contractor? () yes () no				

Consumer and previous insurers' reports containing personal, credit, factual or investigative information about the APPLICANT/INSURED may be sought and used in connection with an insurance company's assessment of this application for insurance on a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge and belief.

Signature of applicant/insured