

**WOODHEAT QUESTIONNAIRE**

A SEPARATE WOODHEAT QUESTIONNAIRE IS REQUIRED FOR EACH UNIT LOCATED ON YOUR PREMISES  
CURRENT PHOTOGRAPHS (NOT MORE THAN 6 MONTHS OLD) ARE REQUIRED WITH THIS QUESTIONNAIRE

<b>APPLICANT'S INFORMATION</b>			
Name of Insured:			
Risk Location Address:			
Phone:			
Broker:			
Policy Number:			
<b>HEATING UNIT INFORMATION</b>			
Where is the unit located: <input type="checkbox"/> Dwelling <input type="checkbox"/> Detached Private Structure <input type="checkbox"/> Farm building <input type="checkbox"/> Outdoors			
How many cords are burned annually?		How many pellets are burned annually?	
When was the last cleaning?		How often is the unit cleaned?	
Make:		Model:	Age:
<b>Type:</b> <input type="checkbox"/> Acorn Stove, Box, Franklin or Pot Belly Stove <input type="checkbox"/> Cookstove <input type="checkbox"/> Fireplace Insert <input type="checkbox"/> Fireplace, Zero Clearance <input checked="" type="checkbox"/> Masonry Fireplace <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Space Heater <input type="checkbox"/> Woodstove, Airtight <input type="checkbox"/> Woodstove, Not Airtight <input type="checkbox"/> Wood Furnace <input type="checkbox"/> Wood Furnace Add On <input type="checkbox"/> Wood and Oil Combination <input type="checkbox"/> Other (Specify):			
<b>Is the unit certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, by:</b> <input type="checkbox"/> Canadian Standards Association (CSA) <input type="checkbox"/> Underwriters' Laboratories of Canada (ULC) <input type="checkbox"/> Warnock-Hersey Prof. Service Ltd. <input type="checkbox"/> Other (Specify):			
<b>Fuel:</b> <input type="checkbox"/> Wood Only <input type="checkbox"/> Pellet <input type="checkbox"/> Other (Specify):			
Are ashes disposed of in a metal container? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the container equipped with a metal lid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the ash container placed on a non-flammable surface? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>FLOOR PROTECTION</b>			
Construction of floor:		Is there a non-combustible floor pad? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Floor Protection: <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other (Specify):			
<b>CHIMNEY INFORMATION</b>			
<b>Type:</b> <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify):			
Factory Built Double Walled Metal Chimney <input type="checkbox"/> Yes <input type="checkbox"/> No			
Make:		Age:	
Installed by a professional? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of firm (if known):	
<b>Is the chimney labelled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, by:</b> <input type="checkbox"/> Canadian Standards Association (CSA) <input type="checkbox"/> Underwriters' Laboratories of Canada (ULC) <input type="checkbox"/> Warnock-Hersey Prof. Service Ltd. <input type="checkbox"/> Other (Specify):			
Chimney Lining: <input type="checkbox"/> Flue Tile <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other (Specify)			
<b>Age of Chimney:</b> <input type="checkbox"/> Same as Heating Unit <input type="checkbox"/> Year:			
<b>Chimney is installed:</b> <input type="checkbox"/> Inside Building <input type="checkbox"/> Outside Building <input type="checkbox"/> Outside Building in Insulated Enclosure			
Does the unit share a chimney flue? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			
How many times per year is the chimney cleaned?		Date of last cleaning:	
Clearance of chimney to nearest combustibles: _____ <input type="checkbox"/> Inches <input type="checkbox"/> Centimeters <b>Storage of combustibles around a heating unit must meet building code requirements at all times.</b>			
<b>Is the chimney rated for a continuous flue gas temperature of 650°C?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>CLEARANCES</b>			
<b>IMPORTANT</b>			
Please complete the following chart. The actual clearance is what you measure, whereas the required distance is that specified in the owner's manual or on the label attached to the heating unit.			
The measurements are in: <input type="checkbox"/> Inches <input type="checkbox"/> Centimeters		ACTUAL	REQUIRED
Shortest distance of stove to:	Back Wall		
	Side Wall		
	Corner		
	Ceiling		
Shortest distance of stove pipe to:	Back Wall		
	Side Wall		
	Corner		
	Ceiling		

Shortest distance from heating unit to edge of floor pad in:	Front		
	Left Side		
	Right Side		
	Back		
<b>UNIT CHANGES</b>			
Have there been alterations to your solid fuel heating unit since manufacturing, other than the required installation?  If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any portion of your unit homemade?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all parts used in, on, or attached to the unit made by, approved for use by, or recommended for use by the manufacturer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you burn any other material, liquid, gas, or substance other than pellets or wood?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Completed by:	Date Completed:	Signature:
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Broker Signature:	Date Signed:
Applicant Signature:	Date Signed: