



SOLID FUEL HEATING QUESTIONNAIRE

POLICY NUMBER _____

REPORT DATE

YYYY | MM | DD

PHOTO REQUIRED ☐ YES ☐ NO
PHOTO ATTACHED ☐ YES ☐ NOINSURANCE
COMPANY _____

INSURED _____

AGENT/
BROKER _____

BROKER CLIENT ID# _____

1. HEATING UNIT

TYPE _____	<input type="checkbox"/> ACORN STOVE, BOX, FRANKLIN OR POT BELLY STOVE (LOOSE FITTING OR NO DOORS)	<input type="checkbox"/> SPACE HEATER	<input type="checkbox"/> OTHER (SPECIFY) _____
MAKE _____	<input type="checkbox"/> COOKSTOVE	<input type="checkbox"/> WOOD STOVE, AIRTIGHT	
MODEL _____	<input type="checkbox"/> FIRE PLACE INSERT	<input type="checkbox"/> WOODSTOVE, NOT AIRTIGHT	
AGE _____ YYYY	<input type="checkbox"/> FIREPLACE, ZERO CLEARANCE	<input type="checkbox"/> WOOD FURNACE	
	<input type="checkbox"/> MASONRY FIREPLACE	<input type="checkbox"/> WOOD FURNACE ADD ON	
	<input type="checkbox"/> PELLET STOVE	<input type="checkbox"/> WOOD / OIL COMBINATION	
IS THE UNIT CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CANADIAN STANDARDS ASSOCIATION (CSA)	<input type="checkbox"/> UNDERWRITERS' LABORATORIES OF CANADA (ULC)	
IF YES, BY: _____	<input type="checkbox"/> WARNOCK-HERSEY PROF. SERVICE LTD.	<input type="checkbox"/> OTHER (SPECIFY) _____	
ADDRESS OF PREMISES WHERE UNIT IS INSTALLED <input type="checkbox"/> PRINCIPLE RESIDENCE <input type="checkbox"/> OTHER (SPECIFY) _____			
WHERE IS THE HEATING UNIT LOCATED?			
<input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> DETACHED GARAGE			
<input type="checkbox"/> WORKSHOP			
<input type="checkbox"/> DWELLING (SPECIFY) _____			
<input type="checkbox"/> OTHER (SPECIFY) _____			
IS THE HEATING UNIT <input type="checkbox"/> PRIMARY <input type="checkbox"/> AUXILIARY			
HOW OFTEN IS HEATING UNIT USED? NUMBER OF HOURS PER DAY _____ NUMBER OF DAYS PER YEAR _____			
<input type="checkbox"/> FACE CORD (16" x 4' x 8')			
FUEL: <input type="checkbox"/> WOOD ONLY	NUMBER OF CORDS USED ANNUALLY _____	<input type="checkbox"/> STANDARD /BUSH CORD (4' x 4' x 8')	
<input type="checkbox"/> WOOD AND OIL	<input type="checkbox"/> PELLET (SPECIFY TYPE) _____	<input type="checkbox"/> OTHER (SPECIFY TYPE) _____	
IF FUEL IS NOT WOOD, SPECIFY AMOUNT BURNED ANNUALLY _____			
ARE ASHES DISPOSED OF IN A METAL CONTAINER? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE CONTAINER EQUIPPED WITH A METAL LID? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THE ASH CONTAINER PLACED ON A NON-FLAMMABLE SURFACE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

2. CHIMNEY

TYPE <input type="checkbox"/> MASONRY	CHIMNEY LINING: <input type="checkbox"/> FLUE TILE <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> FACTORY BUILT DOUBLE WALLED METAL CHIMNEY - NAME OF MANUFACTURER _____	
INSTALLATION BY PROFESSIONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF FIRM _____ <input type="checkbox"/> UNKNOWN	
LABELLED:	
<input type="checkbox"/> CANADIAN STANDARDS ASSOCIATION (CSA)	<input type="checkbox"/> UNDERWRITERS' LABORATORIES OF CANADA
<input type="checkbox"/> WARNOCK-HERSEY PROF. SERVICE LTD.	<input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> CONCRETE	
<input type="checkbox"/> OTHER TYPE OF CHIMNEY (SPECIFY) _____	
<input type="checkbox"/> UNKNOWN	
AGE: <input type="checkbox"/> SAME AS HEATING UNIT OR _____ YYYY	
DOES UNIT SHARE A CHIMNEY FLUE? <input type="checkbox"/> YES PROVIDE DETAILS _____ <input type="checkbox"/> NO	
CHIMNEY IS INSTALLED <input type="checkbox"/> INSIDE BUILDING <input type="checkbox"/> OUTSIDE BUILDING <input type="checkbox"/> OUTSIDE BUILDING IN INSULATED ENCLOSURE	
HOW MANY TIMES PER YEAR IS THE CHIMNEY CLEANED? _____ DATE OF LAST CLEANING? YYYY MM DD BY WHOM? _____	
CLEARANCE OF CHIMNEY TO NEAREST COMBUSTIBLES _____	<input type="checkbox"/> INCHES IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650°C <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> CENTIMETRES

3. CLEARANCES

IMPORTANT

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:

☐ INCHES OR ☐ CENTIMETRES

SHORTEST DISTANCE OF STOVE TO:	ACTUAL		REQUIRED
	BACK WALL		
SHORTEST DISTANCE OF STOVE PIPE TO:	SIDE WALL		
	CORNER		
	CEILING		
	BACKWALL		
SHORTEST DISTANCE FROM HEATING UNIT TO EDGE OF FLOOR PAD IN:	SIDEWALL		
	CEILING		
	FRONT		
	LEFT SIDE		
	RIGHT		
	BACK		

IS THERE A THIMBLE WHERE THE PIPE PASSES THROUGH WALL? ☐ YES ☐ NO

TOTAL LENGTH OF ALL STOVE PIPE (INCLUDING ELBOWS) _____

NUMBER OF ELBOWS IN STOVE PIPE? _____

CONSTRUCTION OF STOVE PIPE:

- ☐ DOUBLE WALLED
☐ SINGLE WALLED (INCLUDING BLACK STEEL)
☐ GALVANIZED
☐ OTHER (SPECIFY) _____

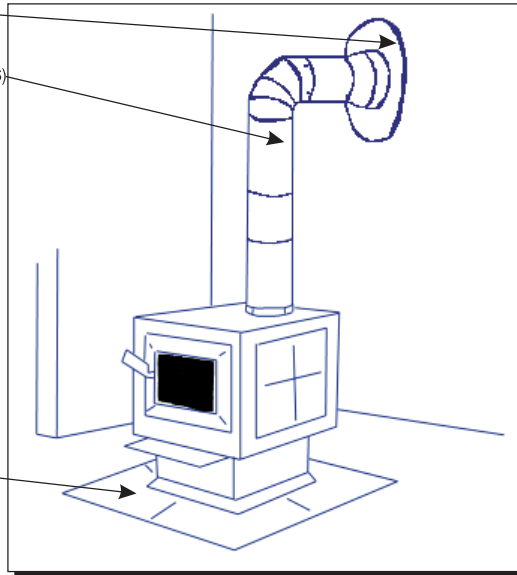
CONSTRUCTION OF:
SIDEWALL _____

BACKWALL _____

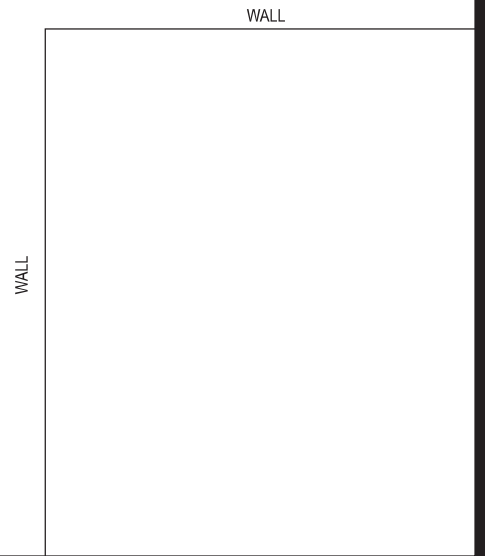
CEILING _____

IS THERE A NON-COMBUSTIBLE PAD? ☐ YES ☐ NO

SHORTEST DISTANCE OF UNIT TO FURNITURE, FUEL OR OTHER COMBUSTIBLE MATERIAL: _____



DRAW AND LABEL DIAGRAM OF HOW THE UNIT LOOKS



4. 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 _____

DISTANCES ARE IN: ☐ INCHES ☐ CENTIMETRES

DISTANCE FROM WALL TO SHIELD: _____ DISTANCE FROM TOP OF STOVE TO TOP OF SHIELD _____ DISTANCE FROM HEAT 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 ONE INCH FROM THE WALL? ☐ YES ☐ NO

5. OTHER

HAS THE INSTALLATION, INCLUDING CHIMNEY, BEEN INSPECTED BY SOMEONE WHO IS WETT CERTIFIED? ☐ YES ☐ NO (EXPLAIN) _____

HAVE ANY MODIFICATIONS BEEN MADE TO THE HEATING UNIT OR CHIMNEY SINCE INSTALLED OR INSPECTED? ☐ YES ☐ NO (EXPLAIN) _____

6. REMARKS

COMPLETED BY: _____

DATE: _____ YYYY | MM | DD