

Insured: \_\_\_\_\_ Policy No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Broker: \_\_\_\_\_ Broker Email: \_\_\_\_\_

**STOVE OR OTHER NON CENTRAL HEATING APPLIANCE**

1. Do you use your unit as a:  Primary heat source  Auxiliary heating source
2. Type:  Ordinary Stove  Airtight Stove  Cooking Stove
3. Is the appliance:  C.S.A.  U.L.C.  Warnock Hersey
4. Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  Age: \_\_\_\_\_
5. Is there at least 18 inches clearance between the unit and any shielded combustible material?  YES  NO
6. Is the floor shield extending at least 18 inches from the loading-side door and 8 inches on the other three sides?  YES  NO
7. The floor construction supporting the stove is:  Concrete only  Frame Only  YES  NO  
 Frame Covered with a Non-Combustible Material
8. Distance between stove and combustibles (furniture, drapes, carpet, etc.): \_\_\_\_\_  YES  NO

**FLUE PIPE**

1. Is there at least 18 inches between the pipe and any combustible material?  YES  NO
2. If the pipe goes through the wall or ceiling, is there a metal thimble of at least 18 inches in diameter?  YES  NO
3. How often are the pipes cleaned?  YES  NO

**CHIMNEY**

1. The chimney is:  Factory built  Other (describe) \_\_\_\_\_ Who installed? \_\_\_\_\_
2. Is chimney:  C.S.A  U.L.C.  Warnock Hersey
3. If a metal chimney, is there at least 2 inches clearance between the chimney and any combustible material?  YES  NO
4. Does the appliance share chimney with any other heating appliance?  YES  NO
5. Is the chimney professionally cleaned annually? \_\_\_\_\_ If no, how often? \_\_\_\_\_

**FIREPLACE**

1. The fireplace is:  Masonry  Fireplace insert (o Clearance)  Freestanding metal fireplace  Prefabricated  Fireplace insert (Other)
2. Provide installation date: \_\_\_\_\_ Make: \_\_\_\_\_ Model No.: \_\_\_\_\_
3. The chimney is:  Masonry lined  Masonry unlined  Factory built metal chimney
4. If a metal chimney, is it:  C.S.A.  U.L.C.  Warnock Hersey
5. Is the chimney professionally cleaned annually? \_\_\_\_\_ If no, how often? \_\_\_\_\_

**INSTALLATION OF UNIT AND CHIMNEY**

1. Was appliances installed by:  Yourself (Provide picture showing complete installation)  A Qualified installer
2. Has the installation been inspected and approved by:  Fire Department Official  Building Inspector
3. Has the heating appliance been installed with at least the recommended clearances shown on diagram (see over)?  YES  NO
4. If no, please provide details: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

1. Do you use a metal container for ash removal?  YES  NO
2. Approx. hours/day appliance is used: \_\_\_\_\_
3. Approx. number of woodcords (2x4x6) used annually: \_\_\_\_\_ Approx. days/week appliance is used: \_\_\_\_\_
4. Have you ever had a chimney fire?  YES  NO
5. No. of fire extinguishers: \_\_\_\_\_ Distance to fire extinguishers \_\_\_\_\_

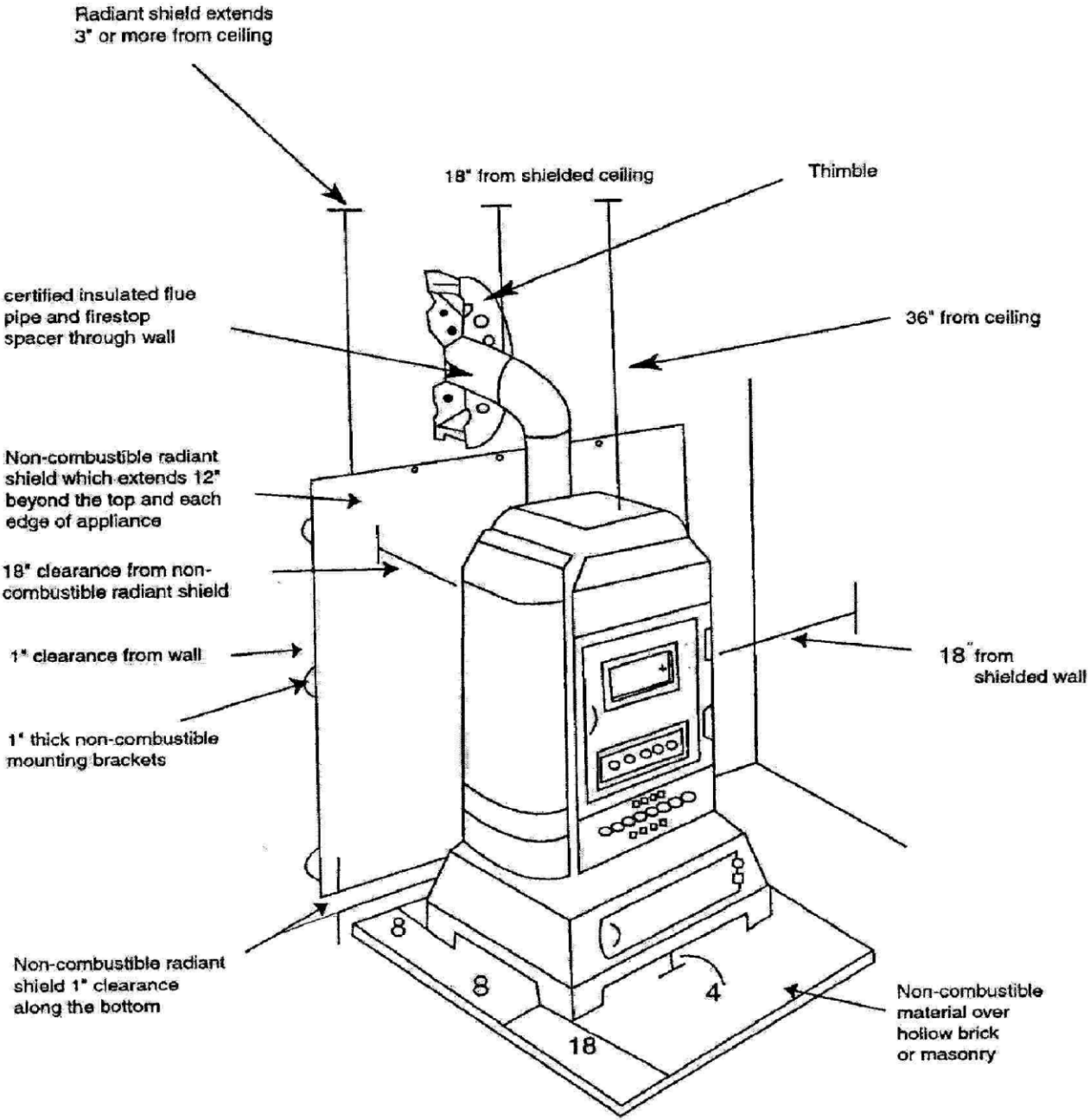
**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, 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.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Auxiliary Heating Unit Minimum Clearance For Approved C.S.A./U.L.C. Equipment



I certify that the information given in this questionnaire is correct to the best of my knowledge.  
I understand that a false declaration may invalidate my coverage.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - <a href="mailto:newbizpersonal@premiergroup.ca">newbizpersonal@premiergroup.ca</a> **			
Vancouver	- T 604.669.5211	F 604.669.2667	Toronto - T 416.365.0444
			F 416.365.0446