

SOLID FUEL HEATING QUESTIONNAIRE

Insured: _____ Policy No: _____
 Address: _____
 Broker: _____ Broker Email: _____

STOVE OR OTHER NON CENTRAL HEATING APPLIANCE

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

FLUE PIPE

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

CHIMNEY

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

FIREPLACE

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

INSTALLATION OF UNIT AND CHIMNEY

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

MISCELLANEOUS INFORMATION

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

DECLARATION / CONSENT

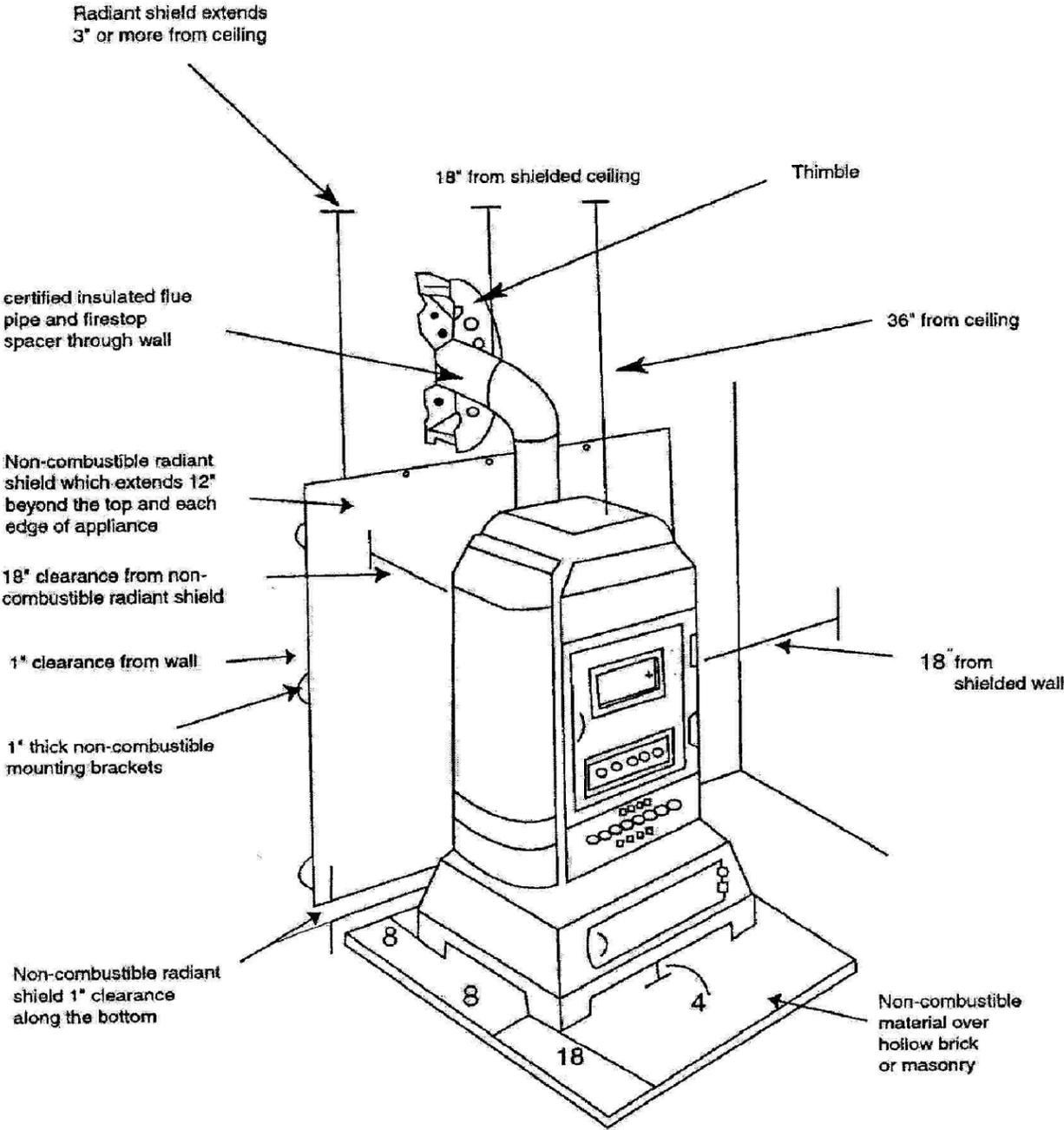
PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to 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 - newbizpersonal@premiergroup.ca **			
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