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## WOODSTOVE QUESTIONNAIRE

PLEASE ATTACH PHOTOGRAPH OF UNIT

Broker \_\_\_\_\_

Policy No \_\_\_\_\_ Insured \_\_\_\_\_

Address of premises where unit is installed  Principal Residence or \_\_\_\_\_

Location of unit within premises \_\_\_\_\_

### HEATING UNIT

Type:  Fireplace (with doors)  Pot belly, box franklin or acorn stove (loose fitting doors or no doors)  
 Airtight\* stove  Airtight\* insert in

solid masonry fireplace  
 zero clearance fireplace

Other, specify \_\_\_\_\_

\*Airtight – tight fitting doors and seams

Distance from stove to nearest smoke/heat detector? \_\_\_\_\_ ft. Number of activated smoke/heat detectors? \_\_\_\_\_

Number of fire extinguishers \_\_\_\_\_ Type? \_\_\_\_\_

Fuel:  Wood only  Other, specify \_\_\_\_\_

Quantity of wood burned per year # Bush cords \_\_\_\_\_ # Face cords \_\_\_\_\_

Stored where and how? \_\_\_\_\_

Age of unit? \_\_\_\_\_ How are ashes removed? \_\_\_\_\_

Where are they placed for disposal? \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

How often is unit used during heating season? \_\_\_\_\_ Hours per day \_\_\_\_\_ Days per week \_\_\_\_\_

Labeled  Canadian Standards Association  Underwriters' Laboratories of Canada  
 Warnock-Hersey Professional Service Ltd.  None, or other, specify \_\_\_\_\_

Heat saver device?  Yes  No Describe \_\_\_\_\_

### CHIMNEY

Type  Masonry -  built from ground  bracket Chimney lining  flue tile

none or other, specify \_\_\_\_\_

Factory built double walled metal chimney - manufacturer \_\_\_\_\_

Labeled  Canadian Standards Association  Underwriters' Laboratories of Canada  
 Warnock-Hersey Professional Service Ltd.  Unknown

Other type of chimney, specify \_\_\_\_\_

None or other, specify \_\_\_\_\_

Age  Same as heating unit or \_\_\_\_\_

Was the chimney designed for the type of fuel specified above?  Yes or identify fuel for which designed \_\_\_\_\_

Does unit share a chimney flue with any other heating unit?  Yes  No

If yes, describe other unit and indicate which pipe enters chimney above the other \_\_\_\_\_

Is there any thermometer on vent pipe?  Yes  No Is there any heat saver on vent pipe?  Yes  No

Chimney is installed  Inside Building  Outside Building

How often is chimney cleaned? \_\_\_\_\_ Date of last cleaning \_\_\_\_\_

### INSTALLATION

Who was the unit installed by? \_\_\_\_\_

Qualifications of installer \_\_\_\_\_

Does the stovepipe pass through a concealed space or any wall, partition, floor or ceiling of combustible construction?  Yes  No

How many 90 degree bends are in the pipe? \_\_\_\_\_

Does vent pipe have approved collar entering wall or ceiling?  Yes  No

### DIAGRAM – PLEASE ATTACH PHOTOGRAPH OF UNIT (Please complete the following. Please attach a diagram.)

- |  |       |                              |                             |
|--|-------|------------------------------|-----------------------------|
| 1. Construction of back wall   | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |
| 2. Shortest distance from unit to back wall                                      | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |
| 3. Is there a thimble where the pipe passes through wall?                        | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Total length of stovepipe  | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |
| 4. Shortest distance from stovepipe to ceiling                                   | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |
| 5. Is there a non-combustible pad?   | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Construction of floor   | _____ |                              |                             |
| 7. Distance from unit to floor   | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |
| 8. Distance from side of unit to end of pad                                      | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |
| 9. Distance from front unit to end of pad  | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |
| 10. Construction of nearest side wall  | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |
| 11. Shortest distance from unit to nearest side wall                             | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |
| 12. Shortest distance from unit to furniture, fuel or other combustible material | _____ | <input type="checkbox"/> in  | <input type="checkbox"/> cm |

Has the installation including chimney been inspected and approved by a fire department or building code inspector?

Completed by \_\_\_\_\_ Date \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Please Note:**

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