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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:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.