



OPTIMUM[®]

Optimum Insurance Company Inc.

Wood Burning Fireplace Insert Questionnaire

Broker No. _____

Broker: _____

Policy No. _____

Insured: _____

Address of premises where unit is installed:

Principal residence: _____

Other: _____

Location of unit within premises: _____

Questionnaire must be accompanied by 2 photos of the installation as follows:

Photo #1: Photo to show wood burning insert, floor construction/protection in front of insert.

Photo #2: Photo taken outside to show chimney, liner and liner cap.

UNIT CLEARANCES AS SPECIFIED BY MANUFACTURER:

Unit Clearances	Manufacturer's Requirements	Actual	Compliance	
			Yes	No
Mantel			<input type="checkbox"/>	<input type="checkbox"/>
Top Facing			<input type="checkbox"/>	<input type="checkbox"/>
Side Facing			<input type="checkbox"/>	<input type="checkbox"/>
Side Wall			<input type="checkbox"/>	<input type="checkbox"/>
Hearth Front			<input type="checkbox"/>	<input type="checkbox"/>
Hearth Side			<input type="checkbox"/>	<input type="checkbox"/>

CHIMNEY – MUST HAVE STAINLESS STEEL LINER CERTIFIED (ULC S635)

- How often is chimney cleaned? _____
- Date of last cleaning: _____
- Has there ever been a chimney fire? Yes No
 - If yes date of fire? _____
 - Was chimney rebuilt or replaced? _____

FUEL

Quantity of wood burned per year: # of bush cords: _____ # of face cords: _____

Where are ashes kept? _____

How are ashes disposed of? _____

Date of inspection: _____ Inspection completed by: Broker Insured Other _____

(OFIC - June 2004)