

Clear photographs and questionnaire required for each installation (stoves and chimneys)

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dwelling Location: \_\_\_\_\_

Date Coverage is Required (mm/dd/yy): \_\_\_\_\_

### HEATING UNIT

---

1. Is the Unit Certified?  Yes  No  
 Canadian Standards Association (CSA)  Underwriters' Laboratories of Canada (ULC)  
 Warnock-Hersey Prof. Service Ltd.  
 Other (Specify): \_\_\_\_\_

2. Building appliance is installed in:  Dwelling  Garage  Workshop  
 Other: \_\_\_\_\_

3. Appliance Type:  Woodstove  Wood furnace  
 Cookstove  Fireplace Insert (Woodstove)  
 Insert Pellet Stove - Certification vent:  ULC S609  ULC/ORD 441  
 Other, explain: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

4. Quantity of Fuel Used: \_\_\_\_\_

### CHIMNEY

---

5. Type:  Masonry  Concrete Block  Brick  Built from Ground  Bracket  
 Factory Built Double Walled Metal Chimney  Other: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Certified for Wood Burning Appliances bearing the ULC-S629M Label?  Yes  No

6. Labeled:  Canadian Standards Association (CSA)  Underwriters' Laboratories of Canada (ULC)  
 Warnock-Hersey Prof. Service Ltd.  Other (Specify): \_\_\_\_\_
7. Chimney Lining:  Clay Tile Lining  Factory Stainless Steel  
 Other (Specify): \_\_\_\_\_
8. How often is chimney cleaned and inspected per heating season? \_\_\_\_\_  
Date last cleaned and inspected (mm/dd/yy): \_\_\_\_\_

## INSTALLATION

9. Was the unit installed by a qualified professional or heating contractor?  Yes  No  
If No, explain: \_\_\_\_\_
10. Has the installation, including the chimney, been inspected by someone who is WETT or APC\* certified in the past 10 years?  Yes  No  
WETT#: \_\_\_\_\_  
Date of WETT Inspection (mm/dd/yy): \_\_\_\_\_  
\*Association des professionnels du chauffage (Québec)
11. Have any modifications been made to the system since the last WETT inspection?  Yes  No  
If Yes, explain: \_\_\_\_\_  
Were the modifications made by a qualified professional Heating Contractor?  Yes  No

### INDICATE APPROVED CLEARANCES (see label or installation manual)

Sides (inches): \_\_\_\_\_ Front Side (inches): \_\_\_\_\_ Corner (inches): \_\_\_\_\_  
Back Side (inches): \_\_\_\_\_ Top Side (inches): \_\_\_\_\_

### FLOOR PROTECTION

Sides (inches): \_\_\_\_\_ Front (inches): \_\_\_\_\_ Back (inches): \_\_\_\_\_

**Note: This section is for the manufacturer's approved clearances as indicated on the label or installation manual. The "actual" clearances are to be shown in the diagram below.**

Complete all measurements as per applicable installation on the diagram below.  
 All distances on diagrams are to be measurements taken from the particular installation.

A) Describe constuction of ceiling: \_\_\_\_\_  
 \_\_\_\_\_

B) Distance from top of stove to ceiling (inches): \_\_\_\_\_

C) Describe constuction of side wall: \_\_\_\_\_  
 \_\_\_\_\_

D) Distance from stove to nearest side wall (inches): \_\_\_\_\_

E) Constuction of floor: \_\_\_\_\_  
 \_\_\_\_\_

F) Is there a non-combustible floor pad?  Yes  No

G) Type of floor protection: \_\_\_\_\_  
 \_\_\_\_\_

H) Distance from end of floor protection to stove:

Front (inches): \_\_\_\_\_

Side (inches): \_\_\_\_\_

Back (inches): \_\_\_\_\_

I) Where is ventilation located on the heating unit? \_\_\_\_\_

J) Distance from stovepipe to ceiling (inches): \_\_\_\_\_

K) Distance from stovepipe to wall (inches): \_\_\_\_\_

L) Is there a thimble/chimney connector where stovepipe passes through wall or ceiling?  Yes  No

M) Describe constuction of back wall: \_\_\_\_\_

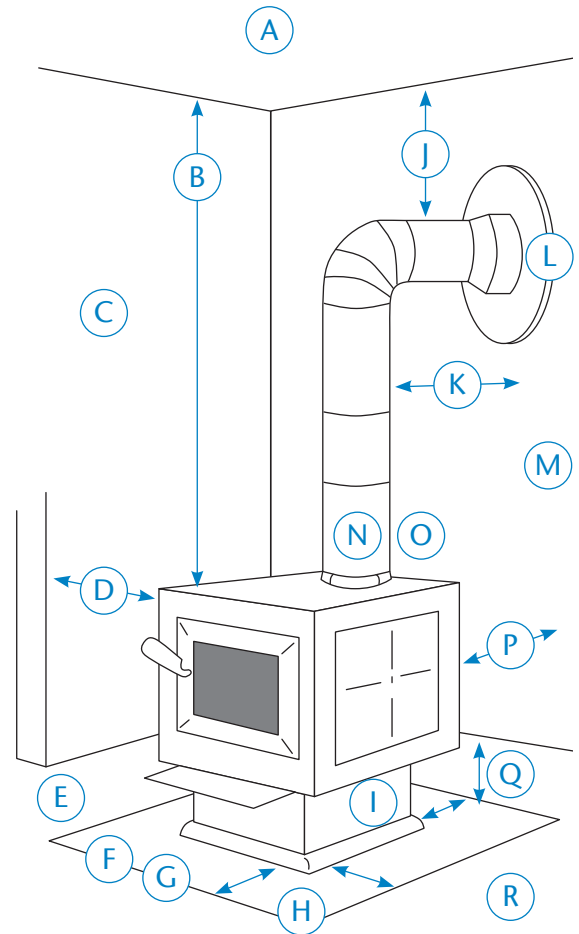
N) Total length of stovepipe (inches): \_\_\_\_\_

O) Construction of stovepipe:  Galvanized  Black Steel  Single Wall  Double-lined

P) Distance from stove to back wall (inches): \_\_\_\_\_

Q) Distance from bottom of stove to floor protection (inches): \_\_\_\_\_

R) Distance from stove to furniture, fuel, or other combustible material (inches): \_\_\_\_\_



Comments:

Completed by: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Broker Number: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_

*E-signatures are acceptable forms of signature.*