CSIO CEPA

## SOLID FUEL HEATING QUESTIONNAIRE

| INSURANCE COMPANY                      |        |         |                   |                                  |                                  |              |               | POLICY /<br>BINDER NUMBER |                                 |                                |                                   |                                   |                         |                |   |
|--|--------|---------|-------------------|----------------------------------|----------------------------------|--------------|---------------|---------------------------|---------------------------------|--------------------------------|-----------------------------------|-----------------------------------|-------------------------|----------------|---|
| 1. APPLICANT'S FULL NAME AND POSTAL AD |        |         |                   |                                  | DRESS                            |              |               |                           | 2. BROKERAGE/AGENCY INFORMATION |                                |                                   |                                   |                         |                |   |
|  |        |         |                   | (DDI(L                           |                                  |              |               |                           | Bitter                          |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  | P                                | OSTAL<br>ODE |               |                           |                                 |                                |                                   |                                   |                         | POSTAL<br>CODE |   |
| CONTACT NUMBER(S)<br>TYPE NO. TYPE     |        |         |                   |                                  | NO.                              |              |               | BROKER<br>CODE            |                                 |                                |                                   | CONTACT<br>NAME                   |                         |                |   |
| TYPE NO. TYPE                          |        |         |                   |                                  |                                  | IO.          |               | PHONE NO.                 |                                 |                                |                                   |                                   | FAX NO.                 |                |   |
| PREFERRED DO                           | CUMEN  | LANGU   |                   | GLISH                            |                                  | FREM         | ICH           | CONT                      | RACTI                           | NUMBER                         |                                   |                                   | SUB-CONTRACT            | Γ NUMBER       |   |
| EMAIL ADDRESS                          | ;      |         |                   |                                  |                                  |              |               | GROU                      | JP / PR                         | OGRAM NAME                     |                                   |                                   | GROUP ID                |                |   |
| WEBSITE ADDR                           |        |         |                   |                                  |                                  |              |               | BROK                      | ER CLI                          | ENT ID                         |                                   |                                   | COMPANY CLIEI           | NT ID          |   |
|  |        | -       |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
| 3. HEATING                             |        |         |                   |                                  |                                  |              |               |                           |                                 |                                | CERTIFIED?                        |                                   |                         |                |   |
| PRIMARY AUXILIARY YEAR                 |        | MAKE    |                   |                                  | MODEL                            |              |               |                           | Y/N                             | CERTIFICATION LABEL            |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   | CSA 🗌 ULC               | ;              |   |
| UNIT APPROVED                          | FOR MC | BILE HO | ME?Y/N            |                                  |                                  |              | PHOTO REQU    | JIRED? \                  | Y/N                             |                                |                                   |                                   | OTL 🗌 WH                |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
| HEATING UN                             |        |         |                   |                                  |                                  |              |               |                           |                                 | FUEL                           |                                   |                                   |                         |                |   |
| ACORN STOVE B<br>STOVE (LOOSE F        |        |         |                   |                                  | WOOD / OIL COMBINATION           |              |               |                           |                                 | NO. OF HOURS USED PER DAY      |                                   |                                   |                         |                |   |
| COOKSTOVE                              |        |         | ,                 |                                  | WOOD FURNACE                     |              |               |                           |                                 | NO. OF DAYS USED PER YEAR      |                                   |                                   |                         |                |   |
| FIREPLACE INSE                         | RT     |         |                   |                                  | WOOD FURNACE ADD ON              |              |               |                           |                                 | IF NOT WOOD, AI                |                                   |                                   | ANNUALLY (KG)           |                |   |
| FIREPLACE INSERT                       |        |         |                   |                                  | WOODSTOVE, AIRTIGHT              |              |               |                           |                                 | IF WOOD, NO. OF                | NO. OF CORDS BURNED ANNUALLY      |                                   |                         |                |   |
| MASONRY FIREP                          | PLACE  |         |                   |                                  | WOODSTOVE, NOT AIRTIGHT          |              |               |                           |                                 | FACE CORD (16")                | FACE CORD (16"X4'X8')             |                                   |                         |                |   |
| PELLET STOVE                           |        |         |                   |                                  |                                  |              |               |                           |                                 | STANDARD BUSH                  |                                   | 'X8')                             |                         |                |   |
| 4. UNIT INS                            | STALL  |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   | ,                                 |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   | IERE IS HEATING         | 5              |   |
| RISK ADDRESS                           |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   | IT LOCATED?             |                |   |
| INSTALLED BY                           |        |         |                   |                                  |                                  |              | IS THE INST   | IALLER                    | WEII                            | CERTIFIED? Y/N                 |                                   | VVE                               | ETT #                   |                |   |
| 5. CHIMNE                              |        |         |                   |                                  |                                  |              |               |                           |                                 | METAL CL                       |                                   |                                   |                         |                |   |
| MASONRY CHIN                           | VINEY  |         |                   |                                  | ТҮРЕ                             |              |               |                           | METAL CH                        | METAL CHIMNEY<br>LABELLED      |                                   |                                   |                         |                |   |
|  |        |         |                   | FACTORY BUILT DOUBLE WALLED META |                                  |              |               |                           |                                 | CANADIAN STANDARDS ASSOCIATION |                                   |                                   |                         |                |   |
| MASONRY CONCRETE                       |        |         |                   | OTHER                            |                                  |              |               |                           |                                 |                                | WARNOCK-HERSEY PROF. SERVICE LTD. |                                   |                         | +              |   |
| OTHER                                  |        |         |                   | YEAR                             |                                  |              |               |                           |                                 |                                | RITER'S LABORATORIES OF CANADA    |                                   |                         |                |   |
|  |        |         |                   | MANUFACTURER                     |                                  |              |               |                           |                                 | S629                           |                                   |                                   |                         | +              |   |
| BUILT FROM GROUND?                     |        |         |                   | _                                | INSTALLED BY                     |              |               |                           | OTHER                           |                                |                                   |                                   |                         |                |   |
| BUILT FROM FOUNDATION?                 |        |         |                   |                                  | WETT CERTIFIED?                  |              |               |                           | CI                              |                                |                                   | CLEARANCE TO NEAREST COMBUSTIBLES |                         |                |   |
| CHIMNEY LINING                         |        |         |                   | _                                | WETT #                           |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
| FLUE TILE                              |        |         | -                 |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
| STAINLESS STEEL                        |        |         |                   | IS CHIMNEY RATED FOR A CONTINUOU |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
| OTHER                                  |        |         |                   |                                  | GAS TEMPERATURE OF 650C / 1200F? |              |               |                           | 1/11                            |                                |                                   |                                   |                         |                |   |
|  |        |         | LATION FOR ALL CI |                                  | TVDES                            |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
| CLEANING                               |        | INGIAL  |                   |                                  |                                  | INSTALLED    |               |                           |                                 |                                |                                   |                                   |                         |                |   |
| TIMES PER YEAR                         |        |         |                   | 11                               | INSIDE BUILDING                  |              |               |                           | DOES UNIT SHA                   |                                |                                   | HAR                               | ARE A CHIMNEY FLUE? Y/N |                |   |
| BY WHOM                                |        |         |                   | c                                |                                  | BUILDING IN  | INSULATED ENC | LOSURI                    | E                               |                                | PROVIDE DE                        | TAIL                              | S:                      |                | _ |
| DATE OF LAST                           |        |         |                   | _                                |                                  | BUILDING     |               |                           |                                 |                                |                                   |                                   |                         |                |   |
| 6. REMAR                               | KS     |         |                   |                                  |                                  |              |               |                           |                                 | I                              |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |
|  |        |         |                   |                                  |                                  |              |               |                           |                                 |                                |                                   |                                   |                         |                |   |



## SOLID FUEL HEATING QUESTIONNAIRE

7. CLEARANCES

| THE ACTUAL CLEARANCE IS WHAT YOU MEASURE, WHEREA<br>ATTACHED TO THE HEATING UNIT. THE MEASUREMENTS ARE   |   |  | 0 MANUAL 07                      |          |          |
|--|---|--|----------------------------------|----------|----------|
|  |   |  | 'S MANUAL OR ON                  | N THE LA | BEL      |
|  |   | * SEE IMPORTANT MESSAGE A                                  | BOVE                             | ACTUAL   | REQUIRE  |
|  |   | SHIELD DISTANCE  | WALL TO SHIELD                   |          |          |
| TOTAL LENGTH OF ALL STOVE PIPE   |   |  | TOP OF STOVE TO<br>TOP OF SHIELD |          |          |
| (INCLUDING ELBOWS)   |   |  | HEAT SHIELD TO<br>FLOOR          |          |          |
| NUMBER OF ELBOWS IN STOVE PIPE?  |   |  | BOTTOM OF STOVE<br>TO FLOOR      | =        |          |
|  |   | SHORTEST DISTANCE  | BACKWALL                         |          |          |
| DOUBLE WALLED  |   | OF STOVE TO  | SIDEWALL                         |          |          |
| SINGLE WALLED (INCLUDING BLACK STEEL) GALVANIZED   |   |  | CORNER                           |          |          |
| OTHER (SPECIFY)  |   |  | CEILING                          |          |          |
|  |   | SHORTEST DISTANCE<br>OF STOVE PIPE TO                      | BACKWALL                         |          |          |
| CONSTRUCTION OF SIDEWALL   |   |  | SIDEWALL                         |          |          |
| BACKWALL   |   |  | CEILING                          |          |          |
|  |   | SHORTEST DISTANCE<br>FROM HEATING UNIT TO                  | FRONT<br>LEFT                    |          |          |
| DOES THE STOVE PIPE PASS THROUGH   |   | EDGE OF FLOOR PAD IN                                       | RIGHT                            |          |          |
| A CONCEALED SPACE/WALL?  |   |  | BACK                             |          |          |
| DESCRIBE   |   |  | <u> </u>                         | 1        |          |
| IS THERE A NON-COMBUSTIBLE PAD? YES NO   |   | TYPE OF SHIELDING:   |                                  |          | _        |
| SHORTEST DISTANCE OF UNIT TO FURNITURE, FUEL   | ~   |  | MANENTLY INSTALLE                | ±D? ∐`   | YES 🗌 NO |
| OR OTHER COMBUSTIBLE MATERIAL  |   |  |                                  |          |          |
|  |   |  |                                  |          |          |
|  |   | OTHER  |                                  |          |          |
|  |   | ARE THE WALL SPACERS NON-(<br>IS THERE AN AIR SPACE AT TOP |                                  |          |          |
|  |   |  |                                  |          |          |
| 8. LOSS PREVENTION   |   |  |                                  |          |          |
| 8. LOSS PREVENTION<br>ASHES DISPOSED OF IN A METAL CONTAINER? Y/N  | HOW FAR IS THE FUEL STORED  | FROM UNIT?   | FEET ME                          |          |          |
|  | HOW FAR IS THE FUEL STORED<br>SMOKE DETECTOR ON THE SAM   |  | _ FEET _ ME                      |          |          |
| ASHES DISPOSED OF IN A METAL CONTAINER? Y/N  |   | /E FLOOR AS UNIT? Y/N                                      | FEET ME                          |          |          |
| ASHES DISPOSED OF IN A METAL CONTAINER? Y/N<br>METAL CONTAINER STORED: INSIDE OUTSIDE  | SMOKE DETECTOR ON THE SAM   | IE FLOOR AS UNIT? Y/N<br>EA OF THE UNIT? Y/N               | _ FEET _ ME                      |          |          |
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