

Solid Fuel Heating Questionnaire

forming Part of the Rented, Owner Occupied or Vacant Dwelling Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



An SWG Company

Name of Applicant _____ DATE:

D	D	M	M	Y	Y
---	---	---	---	---	---

Address of premises where unit is installed _____

Principle Residence Yes No If No, specify details: _____

Location of Unit within the Dwelling _____

If additional space is needed for any question, please use the blank space provided on page 3.

Heating Unit:

Make _____ Model _____ Age _____

TYPE:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acorn Stove, Box, Franklin or Pot Belly Stove (Loose Fitting or No Doors) | <input type="checkbox"/> Masonary Fireplace | <input type="checkbox"/> Woodstove, Not Airtight |
| <input type="checkbox"/> Cookstove | <input type="checkbox"/> Pellet Stove | <input type="checkbox"/> Wood Furnace |
| <input type="checkbox"/> Fireplace Insert | <input type="checkbox"/> Space Heater | <input type="checkbox"/> Wood Furnace Add-on |
| <input type="checkbox"/> Fireplace, Zero Clearance | <input type="checkbox"/> Woodstove, Airtight | <input type="checkbox"/> Wood / Oil Combination |
| <input type="checkbox"/> Other(specify) _____ | | |

Is the Unit Certified? Yes No

If Yes, by:

- Canadian Standards Association (CSA) Underwriters' Laboratories of Canada (ULC) Warnock-Hersey Professional Service Ltd.
 Other(specify) _____

Is the Heating Unit: Primary Auxiliary How often is Heating Unit Used?

Number of Hours per Day	Number of Days per Year
-------------------------	-------------------------

FUEL:

- Wood Only

Number of Cords Used Annually

 Face Cord (16' x 4' x 8') Standard/Bush Cord (4' x 4' x 8')
- Wood and Oil Pellet(Specify Type) _____
- Other(Specify Type) _____

If Fuel is not wood, specify amount burned annually: _____

Are ashes disposed of in a metal container? Yes No Is the container equipped with a metal lid? Yes No

Is the ash container placed on a non-flammable surface? Yes No

Chimney:

TYPE:

Masonary Chimney Lining: Flue Tile Stainless Steel Other _____
Specify

Factory Built Double Walled Metal Chimney _____
Name of Manufacturer

Installation by Professional? Yes No _____
Name of Firm

Labelled:

- Canadian Standards Association (CSA) Underwriters' Laboratories of Canada (ULC) Warnock-Hersey Professional Service Ltd.
 Other(specify) _____

Concrete Other type of Chimney(Specify) _____

Unknown _____
Age:

Does unit share a chimney flue? Yes No

If Yes, provide details.

Solid Fuel Heating Questionnaire

forming Part of the Rented, Owner Occupied or Vacant Dwelling Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977

An SWG Company

Chimney: (continued)

Chimney is installed: Inside Building Outside Building Outside Building in Insulated Enclosure

How many times per year is the chimney cleaned _____ Date of Last cleaning _____ By Whom: _____

Clearance of chimney to nearest combustibles: _____ Inches Is chimney rated for a continuous flue gas temperature of 650 C Yes No Unknown

Clearances:

IMPORTANT
Please complete the following chart. Actual clearance is what you measure. Required distance is that specified in the owner's manual or on the label attached to the heating unit.

Measurements are in: Inches or Centimetres

		ACTUAL	REQUIRED
Shortest Distance of Stove to:	Back Wall		
	Side Wall		
	Corner		
	Ceiling		
Shortest Distance of Stove Pipe to:	Back Wall		
	Side Wall		
	Ceiling		
Shortest distance from heating unit to edge of floor pad in:	Front		
	Left Side		
	Right		
	Back		

Is there a thimble where the pipe passes through the wall? Yes No

Total length of all stove pipe(including elbows) _____ Inches

Number of elbows in stove pipe? _____

Construction of stove pipe:

- Double Walled
- Single Walled (including black steel)
- Galvanized
- Other (specify) _____

Construction of:

_____ Sidewall

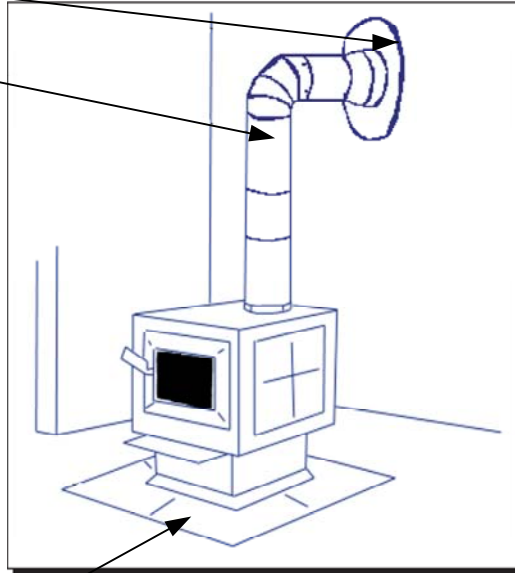
_____ Backwall

_____ Ceiling

Is there a non-combustible pad? Yes No

Shortest distance of unit to furniture, fuel or other combustible material:

_____ Inches



DRAW A DIAGRAM OF HOW THE UNIT LOOKS

WALL

WALL

Solid Fuel Heating Questionnaire

forming Part of the Rented, Owner Occupied or Vacant Dwelling Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



An SWG Company

Installation

Who installed the heating unit? Heating Contractor Homeowner Other(specify) _____

Is the contractor WETT certified? Yes No

Does the stove pipe pass through a concealed space/wall? Yes No Not applicable
Describe _____

Type of shielding: Sheet Metal Permanently installed? Yes No Ceramic Tile Brick Concrete

Other(Specify) _____
Describe _____

Distances are in: Inches or Centimetres

Distance from wall to shield: _____ Distance from top of stove to top of shield _____ Distance from shield to floor _____

Are the wall spacers non-combustible? Yes No Is there an air space at top and bottom? Yes No Is the shield at least one inch from the wall? Yes No

Other

Has the installation, including chimney, been inspected by someone who is WETT certified? Yes No

If No, explain how qualified:

Have any modifications been made to the heating unit or chimney since installed or inspected? Yes No

If Yes, please explain:

Additional Information (if any)

Solid Fuel Heating Questionnaire

forming Part of the Rented, Owner Occupied or Vacant Dwelling Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:

- a) gives false or erroneous information to the prejudice of the Insurer, or
- b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

2. The Insured contravenes a term of the Contract or commits a fraud; or

3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to New Brunswick applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du Nouveau-Brunswick seulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, at PrivacyOfficer@swgspecialty.com

1815 Ironstone Manor
Pickering, Ontario
L1W 3W9
Tel: 905-428-1269
Fax: 905-428-3977

Our Privacy Policy and Commitment to Protecting Your Privacy

As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

D	D	M	M	Y	Y
---	---	---	---	---	---