



1550 Bedford Highway, Suite 815 Bedford, NS B4A 1E6  
t: 1-877-343-8224 f: 1-877-432-9822 e: accounts@agileuw.ca  
agileuw.ca

## Solid Fuel Heating Questionnaire

### Broker Details

1. Policy Number: \_\_\_\_\_ Report Date: \_\_\_\_\_
2. Photo Required:  
Yes  No
3. Photo Attached  
Yes  No
4. Insurance Company: \_\_\_\_\_
5. Insured: \_\_\_\_\_
6. Agent / Broker: \_\_\_\_\_
7. Broker Client ID #: \_\_\_\_\_

### Heating Unit

8. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Age: \_\_\_\_\_
9. Select type of heating unit:

|  |   |
|--|---|
| Acorn stove, box, franklin or pot belly stove (loose fitting or no doors) <input type="checkbox"/> | Wood stove, airtight <input type="checkbox"/>   |
| Cookstove <input type="checkbox"/>   | Woodstove, notairtight <input type="checkbox"/> |
| Fire place insert <input type="checkbox"/>   | Wood furnace <input type="checkbox"/>           |
| Fireplace, zero clearance <input type="checkbox"/>   | Wood furnace add on <input type="checkbox"/>    |
| Masonry fireplace <input type="checkbox"/>   | Wood / oil combination <input type="checkbox"/> |
| Pellet stove <input type="checkbox"/>  | Other (specify): <input type="checkbox"/>       |
| Space heater <input type="checkbox"/>  | _____ <input type="checkbox"/>                  |
10. Is the unit certified?  
Yes  No
11. If yes, by:

|   |   |
|---|---|
| Canadian Standards Association (CSA) <input type="checkbox"/> | Underwriters' Laboratories of Canada (ULC) <input type="checkbox"/> |
| Warnock-Hersey Prof. Service Ltd. <input type="checkbox"/>    | Other (specify): _____ <input type="checkbox"/>                     |

12. Address of premises where unit is installed:  
 Principle residence  Other (specify)  \_\_\_\_\_
13. Where is the heating unit located?  
 Attached garage  Detached garage   
 Workshop   
 Dwelling (specify): \_\_\_\_\_   
 Other (specify): \_\_\_\_\_
14. Is the heating unit:  
 Primary  Auxiliary
15. How often is heating unit used?  
 Number of hours per day: \_\_\_\_\_  
 Number of days per year: \_\_\_\_\_
16. Fuel:  
 Wood only  Pellet (specify type): \_\_\_\_\_   
 Wood and oil
17. Number of cords used annually: \_\_\_\_\_  
 Face cord (16" x 4' x 8') \_\_\_\_\_ Standard / Bush cord (4' x 4' x 8') \_\_\_\_\_
18. If fuel is not wood, specify amount burned annually: \_\_\_\_\_
19. Are ashes disposed of in a metal container?  
 Yes  No
20. Is the container equipped with a metal lid?  
 Yes  No
21. Is the ash container placed on a non-flammable surface?  
 Yes  No

### Chimney

22. Type:  
 Masonry  Factory built double walled metal chimney  Name of manufacturer: \_\_\_\_\_  
 Concrete  Other type of chimney (specify): \_\_\_\_\_  Unknown
23. Chimney Lining:  
 Flue Tile  Stainless Steel  Other (specify): \_\_\_\_\_
24. Installation by professional?  
 Yes  No  Unknown
25. If yes, name of firm: \_\_\_\_\_

26. Labelled:  
Canadian Standards Association (CSA)  Underwriters' Laboratories of Canada (ULC)   
Warnock-Hersey Prof. Service Ltd.  Other (specify): \_\_\_\_\_

27. Age:  
Same as heating unit  Other (specify): \_\_\_\_\_

28. Does unit share a chimney flue?  
Yes  No

29. If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

30. Chimney is installed:  
Inside building  Outside building  Outside building in insulated enclosure

31. How many times per year is the chimney cleaned? \_\_\_\_\_  
a. Date of last cleaning? \_\_\_\_\_  
b. By whom: \_\_\_\_\_

32. Clearance of chimney to nearest combustibles \_\_\_\_\_

33. Is chimney rated for a continuous flue gas temperature of 650°C?  
Yes  No  Unknown

34. Please complete the following chart. The actual clearance is what you measure, whereas the required distance is that specified in the owner's manual or on the label attached to the heating unit. The measurements are in:

Inches  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      |        |          |

35. Is there a thimble where the pipe passes through wall?

Yes  No

36. Total length of all stove pipe (including elbows): \_\_\_\_\_

37. Number of elbows in stove pipe? \_\_\_\_\_

38. Construction of stove pipe:

Double walled

Single walled (including black steel)

Galvanized

Other (specify): \_\_\_\_\_

39. Construction of sidewall: \_\_\_\_\_

40. Backwall: \_\_\_\_\_

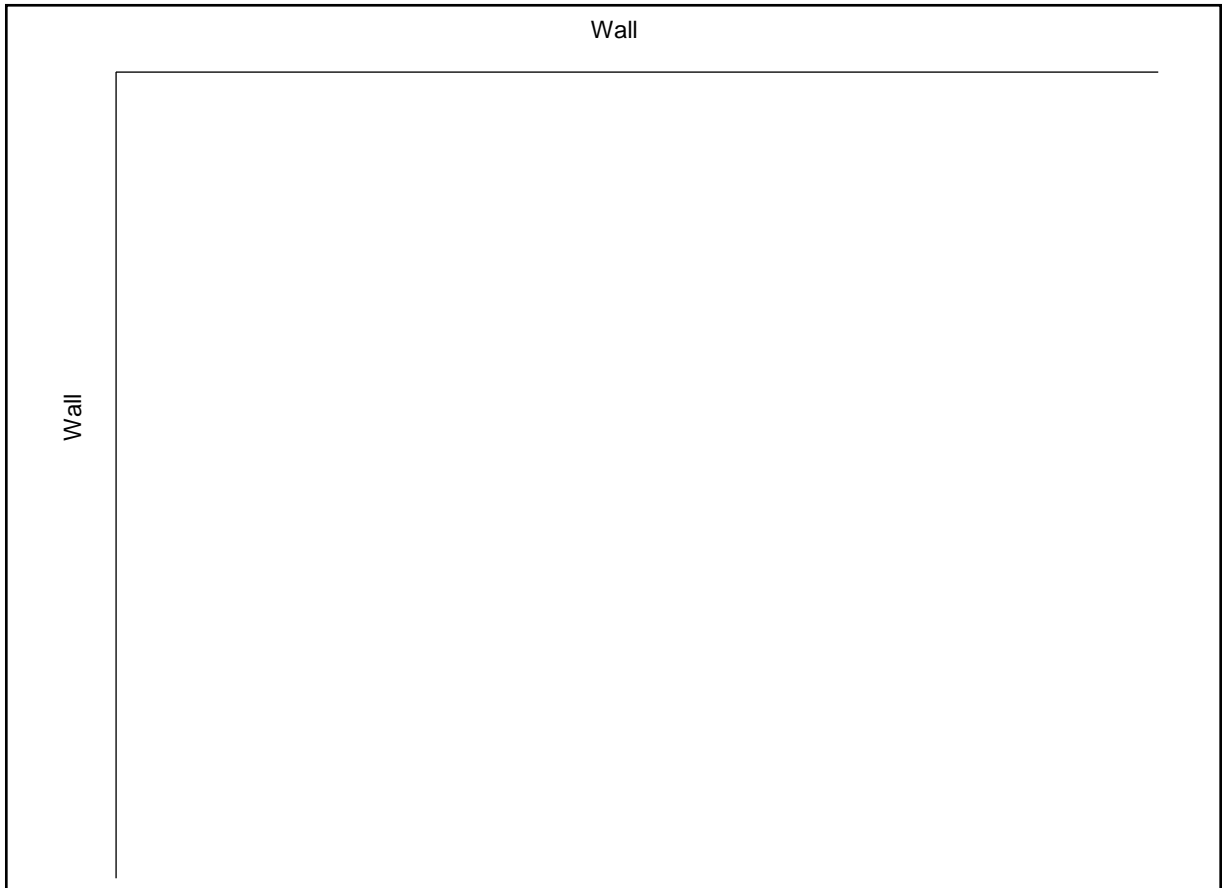
41. Ceiling: \_\_\_\_\_

42. Is there a non-combustible pad?

Yes  No

43. Shortest distance of unit to furniture, fuel or other combustible material: \_\_\_\_\_

44. Draw and label diagram of how the unit looks:



Installation

45. Who installed the heating unit?  
Heating Contractor  Homeowner  Other (specify): \_\_\_\_\_

46. Is the contractor WETT certified?  
Yes  No

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

48. If yes, describe: \_\_\_\_\_

49. Type of shielding:  
Sheet Metal  Permanently Installed? Yes  No   
Ceramic Tile   
Concrete   
Brick   
Other  \_\_\_\_\_

50. Distances are in:  
Inches  Centimetres

51. Distance from wall to shield: \_\_\_\_\_

52. Distance from top of stove to top of shield: \_\_\_\_\_

53. Distance from heat shield to floor: \_\_\_\_\_

54. Are the wall spacers non-combustible?

Yes  No

55. Is there an air space at top and bottom?

Yes  No

56. Is the shield one inch from the wall?

Yes  No

Other

57. Has the installation, including chimney, been inspected by someone who is WETT certified?

Yes  No

58. If no, explain: \_\_\_\_\_

\_\_\_\_\_

59. Have any modifications been made to the heating unit or chimney since installed or inspected?

Yes  No

60. If no, explain: \_\_\_\_\_

\_\_\_\_\_

Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_