

Insured: _____ Policy No: _____
 Address: _____
 Broker: _____ Broker Email: _____

STOVE OR OTHER NON CENTRAL HEATING APPLIANCE

- Do you use your unit as a: Primary heat source Auxiliary heating source
- Type: Ordinary Stove Airtight Stove Cooking Stove
- Is the appliance: C.S.A. U.L.C. Warnock Hersey
- Manufacturer: _____ Model: _____ Age: _____
- Is there at least 18 inches clearance between the unit and any shielded combustible material? YES NO
- Is the floor shield extending at least 18 inches from the loading-side door and 8 inches on the other three sides? YES NO
- The floor construction supporting the stove is: Concrete only Frame Only YES NO
 Frame Covered with a Non-Combustible Material
- Distance between stove and combustibles (furniture, drapes, carpet, etc.): _____ YES NO

FLUE PIPE

- Is there at least 18 inches between the pipe and any combustible material? YES NO
- If the pipe goes through the wall or ceiling, is there a metal thimble of at least 18 inches in diameter? YES NO
- How often are the pipes cleaned? YES NO

CHIMNEY

- The chimney is: Factory built Other (describe) _____ Who installed? _____
- Is chimney: C.S.A U.L.C. Warnock Hersey
- If a metal chimney, is there at least 2 inches clearance between the chimney and any combustible material? YES NO
- Does the appliance share chimney with any other heating appliance? YES NO
- Is the chimney professionally cleaned annually? _____ If no, how often? _____

FIREPLACE

- The fireplace is: Masonry Fireplace insert (o Clearance) Freestanding metal fireplace Prefabricated Fireplace insert (Other)
- Provide installation date: _____ Make: _____ Model No.: _____
- The chimney is: Masonry lined Masonry unlined Factory built metal chimney
- If a metal chimney, is it: C.S.A. U.L.C. Warnock Hersey
- Is the chimney professionally cleaned annually? _____ If no, how often? _____

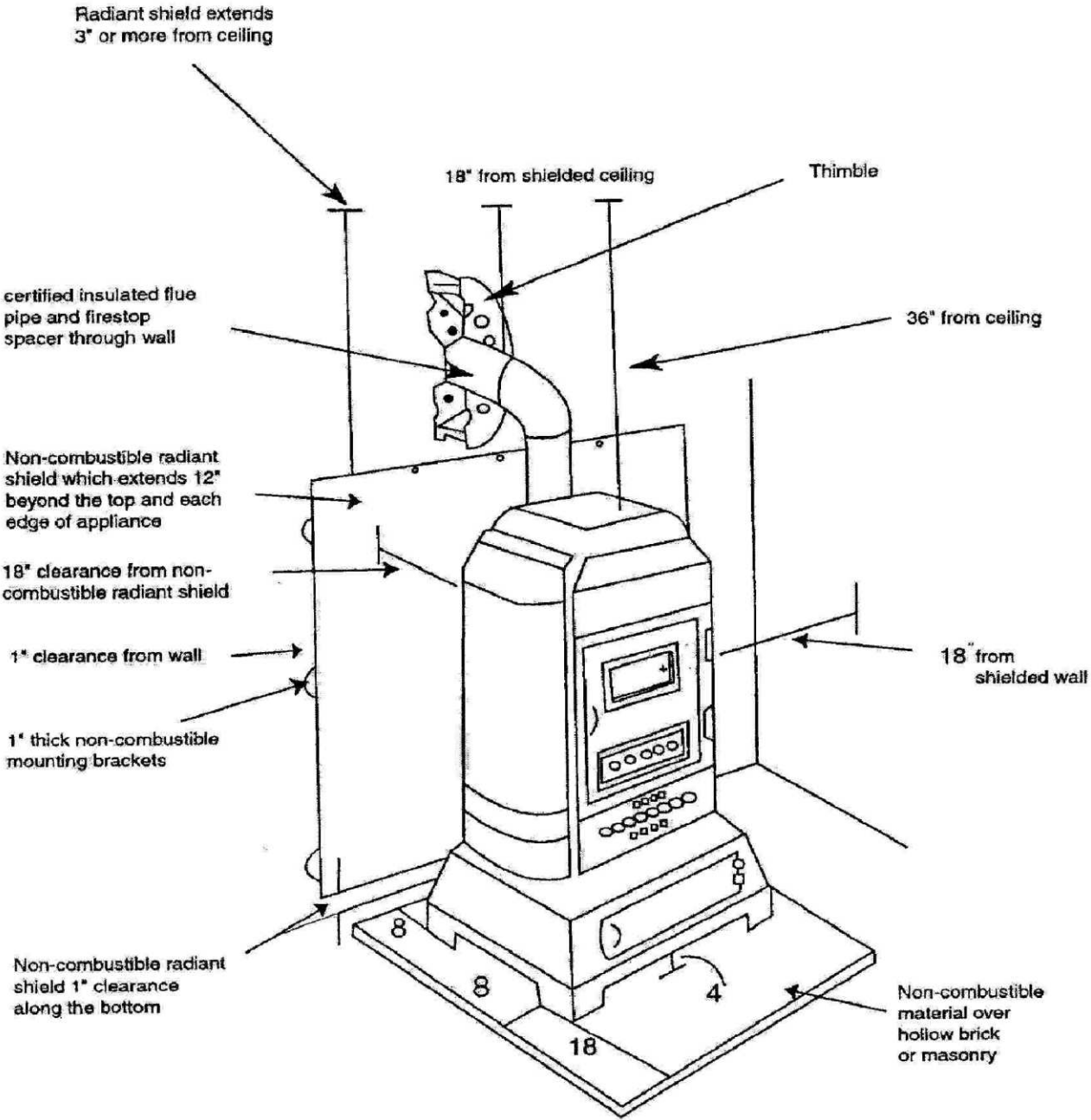
INSTALLATION OF UNIT AND CHIMNEY

- Was appliances installed by: Yourself (Provide picture showing complete installation) A Qualified installer
- Has the installation been inspected and approved by: Fire Department Official Building Inspector
- Has the heating appliance been installed with at least the recommended clearances shown on diagram (see over)? YES NO
- If no, please provide details: _____

MISCELLANEOUS INFORMATION

- Do you use a metal container for ash removal? YES NO
- Approx. hours/day appliance is used: _____
- Approx. number of woodcords (2x4x6) used annually: _____ Approx. days/week appliance is used: _____
- Have you ever had a chimney fire? YES NO
- No. of fire extinguishers: _____ Distance to fire extinguishers _____

Auxiliary Heating Unit Minimum Clearance For Approved C.S.A./U.L.C. Equipment



I certify that the information given in this questionnaire is correct to the best of my knowledge.
I understand that a false declaration may invalidate my coverage.

Date: _____ Signature: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizpersonal@premiergroup.ca **

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