

NAME: _____ POLICY NUMBER: _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____



Wood Stove Questionnaire

Insured's Name:	Policy #PER00
Risk Address:	
Broker Name:	Broker Number:

As the above risk has a wood stove, please confirm the following information:

1.	Is the wood stove certified (CSA, ULC, Warnock Hersey)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
2.	Was the wood stove professionally installed by a licensed heating contractor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
3.	Confirm that there are no more than 2 bush cords (4' x 4' x 8') or 6 face cords (16" x 4' x 8') used annually.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.	Does the unit meet the manufacturer's clearances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.	Confirm that the ashes are kept in a metal container with a lid.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.	Is the chimney cleaned by a professional annually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.	Is protective shielding in place per the manufacturer's specifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.	Is the chimney certified for wood heat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9.	Is the wood stove vented through its own chimney flue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**** Please attach a clear and current photo of the woodstove.**

I confirm that all of the information provided on this wood stove questionnaire is accurate and factual:

Signature of Insured/Broker _____ **Date** _____