

WOOD/COAL BURNING FACILITY QUESTIONNAIRE

Insured: _____ Policy No: _____

Agent: _____ Location of Risk: _____

- A photo of the wood/coal burning facility must be submitted with this Questionnaire.
- Questionnaire and photo must be submitted with application for insurance.
- Woodstove must be inspected, and questionnaire signed by a licensed contractor or member of local fire department when facility is NOT factory installed or commercially installed by appliance distributor or licensed expert.

STOVE INFORMATION

1. Type: Fireplace Wood Burning Stove
2. Model/Manufacturer: _____
3. Underwriters Laboratory (U.L.) approved? Yes No or N.F.P.A. Yes No
4. Installed by: _____ Date: _____
 - a. If not installed by a licensed contractor, inspection was conducted by:
 Local Fire Department Building Inspector
5. Use: Primary Heat Auxiliary Heat Cooking Other _____
6. Is there more than one wood burning stove (s) located in main residence or outbuildings? Yes No
If yes, provide additional information: _____

PREVENTION

1. Is a heat or smoke detector located near or around the wood burning stove? Yes No
2. Carbon monoxide detector present? Near wood fireplace? Yes No Bedrooms? Yes No
3. Does the dwelling have an operating fire suppression system/sprinkler system? Yes No
4. Fire extinguisher on hand? Yes No
5. Is firewood stored on the property? Yes No
If yes, what is the distance from the nearest structure? _____ feet.
What type of wood/fuel? Seasoned Unseasoned Burned Hard Wood Coal
6. How often is the stove, stovepipe, and chimney cleaned? Annual Bi-Annual Other _____
7. What type of ash receptacle is used? _____
8. Type of surrounding wall? Asbestos millboard covered with metal Metal Other (specify) _____
9. Type of floor protection? Asbestos millboard covered with metal Metal Stone/Brick Other _____
10. Wood Burning Stove/Fireplace Usage Provided by: Policy Holder Family Member Other _____

CLEARANCES

1. Side of unit to nearest wall: _____ inches.
2. Rear of unit to wall: _____ inches.
3. Top of stovepipe to ceiling: _____ inches.
4. Bottom of unit to floor: _____ inches.
5. Front of unit to front edge of floor protection: _____ inches.

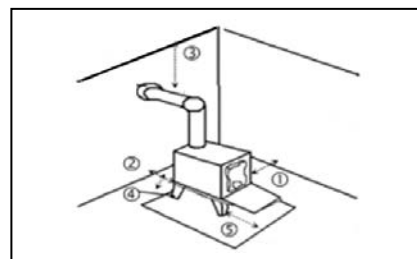


PHOTO MUST BE ATTACHED

Inspector Signature: _____ Date: _____