## **Capitol Indemnity Corporation**

P.O. Box 5900 Madison, WI 53705

## WOODBURNING STOVE AND FURNACE QUESTIONNAIRE

Named Insured		Policy Number_	Policy Number	
1	Stove/furnace manufacturer			
	Is the stove/furnace UL listed?		□ Yes	□ No
∠.			□ Yes	□ No
2	Is the exhaust handling equipment UL listed? Who installed the stove/furnace?			
	What type of floor protection surrounds the stove/furnace			
4. 5	How often is the stave/furness elegand?	<i>.</i>		
s.	How often is the stove/furnace cleaned? How many woodburning devices are there?	(complete a sone	roto roport (	on anah)
	Chimney:	(complete a sepai	rate report o	m each)
1.	a. Is the stove/furnace connected to the same flue	os other hasting davisas?	□ Yes	□ No
		•	□ res	
	If yes, list other device(s) and type of fuel b. Is the chimney constructed with masonry		□ Yes	□ No
	If yes, is there a tile flue lining from below the	stovenine entry neint to	□ res	
	·	stovepipe entry point to	□ Yes	□ No
	the top of the chimney?	11 final III listed meetal abimmano		□ No
	c. If the chimney is nonmasonary, is it a Class A a		☐ Yes	
	d. If neither b nor c applies, describe. (for example chimney?	;, is an ordinary single wan stovepip	be being use	ou as a
Q	Basic construction of room with woodburning stove:			
0.	a. The wall(s) in the area of the stove is (are):	☐ Plaster or drywall over wood	etude	
	a. The wan(s) in the area of the stove is (are).	☐ Cement block or solid stone, b		ocrete
		☐ Other (specify)		
		Li Other (speerly)		
	b. The covering(s) on the wall is (are):	☐ Wood paneling		
	o. The covering(s) on the wan is (are).	☐ Wallpaper		
		☐ Paint		
		☐ Other (specify)		
	c. The floor is:	□ Wood		
	• • • • • • • • • • • • • • • • • • •	☐ Cement		
		☐ Other (specify)		
9.	. Fire extinguisher:			
	Is there a fire extinguisher on the premises?		□ Yes	□ No
	Is the fire extinguisher in operating condition?		□ Yes	□ No
	Is there a smoke detector?		□ Yes	□ No
	Is there a heat sensor?		□ Yes	

## COMPLETE THIS SECTION FOR STOVES, COOKSTOVES OR UNITS LISTED AS OTHER 1. Side of unit nearest wall \_\_\_\_inches 2. Rear of unit to wall inches \_\_\_\_\_ inches 3. Bottom of unit to floor 4. Top of smokepipe to ceiling \_\_\_\_\_ inches 5. Smokepipe to nearest wall inches 6. Front of unit to front edge of floor protection \_\_\_\_\_ inches Number of elbows \_\_\_\_ Is stove secure? □ Yes □ No 7. Outside air intake? ☐ Yes ☐ No COMPLETE THIS SECTION FOR ADD ON AND CENTRAL UNITS 1. Side of unit nearest wall \_\_\_\_inches 2. Rear of unit to wall \_\_\_\_ inches \_\_\_\_\_ inches 3. Bottom of unit to floor \_\_\_\_inches 4. Top of smokepipe to ceiling 5. Top of hot air plenum to ceiling \_\_\_\_\_ inches 6. Top of air duct within 3' to ceiling inches 7. Top of air duct 3' to 6' to ceiling \_\_\_\_ inches 8. Top of air duct 3' to ceiling \_\_\_\_\_ inches 9. Distance between add-on and furnace inches 10.Does the add-on have a blower ☐ Yes ☐ No Is blower connected to cold air return? □ Yes □ No WALL/CEILING PASSTHROUGH Type of wall/ceiling passthrough ☐ Fire clay thimble ☐ Stove pipe ☐ Insulated metal pipe ☐ Listed wall pass through ☐ Other \_\_ inches wall pass through to combustible (if visible) □ Not visible UNACCEPTABLE RISKS Homemade or barrel type stove/furnace Fireplace inserts or freestanding Stove/furnace is the primary source of heat Stove/furnace sharing a flue with other heating devices TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY. Signature of Applicant Date

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