



WOOD/COAL BURNING STOVE/FIREPLACE QUESTIONNAIRE

(include a completed ACORD application)

Named Insured:	
Location Address:	
Website:	

GENERAL INFORMATION

How many wood/coal burning devices?		(complete separate questionnaire for each)			
Stove brand name/make:		U.L. Approved?		Yes	No
Type:	Circulating	Radiant	Franklin	Other:	
Use:	Primary Heat	Auxiliary Heat	Cooking	Other:	
Fuel	Wood	Coal	Other:		
Installed by:		Date:			
Floor Protection:	Asbestos Millboard Covered with Metal	Metal	Stone/Brick		
	Other:				
Wall Protection:	Asbestos Millboard Covered with Metal	Metal	Asbestos Millboard		
	Other:				

CHIMNEY/STOVE PIPES

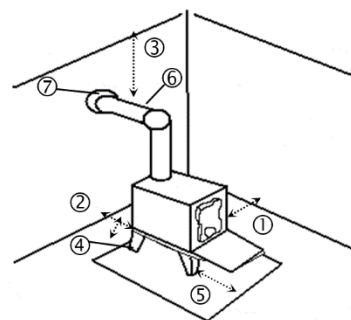
Chimney Type:	Factory	Masonry	Other:
How often checked for creosote build-up?			
Date Last Cleaned:		By Whom?	
Does vent pass through a combustible partition?		Yes	No
a. If yes, is protection thimble or sleeve used?		Yes	No
Chimney/stove pipe is routed/vented through:		Wall	Ceiling
Is the stove/furnace connected to the same flue as other heating devices?		Yes	No
a. If yes, list other device(s) and type of fuel:			
Is stove vent system equipped with heat reclaiming unit or flue radiator?		Yes	No

FIRE PROTECTION

Do you have an operational "Class A" type fire extinguisher in the room?	Yes	No	
Number of smoke detectors:	Are they battery powered?	Yes	No
Is there a heat sensor?	Yes	No	

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.
6. Size of stovepipe used	_____ inches.
7. Size of thimble or roof joist shield	_____ inches.
Do these distances comply with the manufacturer's standards? Yes No	
Distance to nearest combustible material (furniture, drapes, rugs, etc.): _____ inches	



MISCELLANEOUS

Is stove secured/anchored to floor or structure?		Yes		No
Is stove connected to an outside air intake?		Yes		No
Describe process for shutting down or cooling prior to vacating premises:				

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Applicant Signature: _____

Date: _____

Agent Signature: _____

Date: _____