

Wood/Coal Burning Stove & Fireplace Questionnaire

General Information	Requirements
Policy #:	1. A photo of the wood/coal burning facility must be submitted with this Questionnaire. 2. Questionnaire and photo must be submitted with application for insurance. 3. Questionnaire must be inspected and 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.
Insured:	
Agent:	
Location of Risk:	

Stove Information	
Type: <input type="checkbox"/> Radiant <input type="checkbox"/> Circulating <input type="checkbox"/> Franklin <input type="checkbox"/> Other (specify):	
Make/Name: By:	U.L. Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>
Use: <input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (specify):	
Installed: By:	Date:
Floor Protection: <input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Other (specify below)	
Wall Protection: <input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asb. Millbrd <input type="checkbox"/> Other (specify below)	
Chimney & Stove Pipes:	Chimney Type: <input type="checkbox"/> Factory <input type="checkbox"/> Masonry <input type="checkbox"/> Other (describe):
	How often checked for creosote build-up? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date Last Cleaned: _____ By Whom? _____
	Does vent pass through a combustible partition? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, is protection thimble or sleeve used? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does pipe vent pass directly through the roof? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are any other heating units vented to chimney? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Describe: Is stove vent system equipped with heat reclaiming unit or flue radiator? Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	

Miscellaneous	
Fuel: <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other (describe):	
Prevention: Fire Extinguisher in Room? Yes <input type="checkbox"/> No <input type="checkbox"/>	Smoke Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Remarks:	

Inspector Signature	Date
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PHOTO MUST BE ATTACHED