

## WOOD/COAL BURNING DEVICE QUESTIONNAIRE

NAME OF INSURED	POLICY NUMBER	TODAY'S DATE
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**We appreciate your business. When a woodburning stove is present in a home, we have special requirements that must be met. Please complete this questionnaire so that we may determine if your woodstove meets our requirements. Thank you.**

1. What source of heat other than wood or coal is in your home?

- Oil Furnace
- Natural Gas Furnace
- Liquid Propane Gas Furnace
- Electric Furnace/Heat Pump
- Kerosene
- Solar
- Radiant/Hot Water
- Space Heaters
- No Other Heat but Wood

2. Type of Stove

- Free Standing Stove
- Fireplace Insert
- Pellet Stove
- Wood Furnace Add-On
- Other \_\_\_\_\_
- Name of Stove \_\_\_\_\_

3. Who installed your Stove?

- Dealer
- Professional Heating Contractor
- Local Handyman
- Self
- Other

4. Is your stove and stovepipe or chimney cleaned annually and will you continue to do so in the future?

- Yes
  - No \*
- Last date cleaned \_\_\_\_\_  
By Whom? \_\_\_\_\_

5. Are there any other heating devices vented into the chimney and/or stovepipe used for your woodstove?

- Yes
- No

6. Is your woodstove installed at the distances from combustible walls, ceiling, furniture and draperies as recommended by the manufacturer?

- Yes
- No
- Don't know

What is closest distance from stove to any combustible surface (wall floor or ceiling)? \_\_\_\_\_

7. Are fire/smoke detectors located on the same level of the home as the woodstove?

- Yes
- No

\* If answer to #4 is no, please provide details of your cleaning schedule. Include the name and phone number of the person who cleans your stove:

\_\_\_\_\_

\_\_\_\_\_

**NOTE: PLEASE REMEMBER TO ATTACH A PHOTOGRAPH OF THE WOODSTOVE TO THIS FORM.**

I warrant that all of the information provided above is complete and accurate.	
Signature of Named Insured _____	Date _____
I have assisted the Insured in the completion of this form and believe the answers to be true and accurate. I witness that the above signature is the signature of the insured.	
Signature of Agent _____	Date _____