

## WOOD/COAL BURNING DEVICE QUESTIONNAIRE

| Name of Insured | Policy Number | Today's Date |
|-----------------|---------------|--------------|
|                 |               |              |
|                 |               |              |

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?**

|   |  |
|---|--|
| <input type="checkbox"/> Oil Furnace<br><input type="checkbox"/> Natural Gas Furnace<br><input type="checkbox"/> Liquid Propane Furnace<br><input type="checkbox"/> Electric Furnace/Heat Pump<br><input type="checkbox"/> Kerosene | <input type="checkbox"/> Solar<br><input type="checkbox"/> Radiant/Hot Water<br><input type="checkbox"/> Space Heaters<br><input type="checkbox"/> No Other but Wood |
|---|--|

**2. Type of Stove**

|  |  |
|--|--|
| <input type="checkbox"/> Free Standing Stove<br><input type="checkbox"/> Fireplace Insert<br><input type="checkbox"/> Pellet Stove | <input type="checkbox"/> Wood Furnace Add-On<br><input type="checkbox"/> Other <input style="width: 150px;" type="text"/><br><input type="checkbox"/> Name of Stove <input style="width: 150px;" type="text"/> |
|--|--|

**3. Who installed your Stove?**

|  |   |
|--|---|
| <input type="checkbox"/> Dealer<br><input type="checkbox"/> Professional Heating Contractor<br><input type="checkbox"/> Local Handyman | <input type="checkbox"/> Self<br><input type="checkbox"/> 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 manufacturer?**

Yes       Don't know

No

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:

|  |
|--|
| <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> |

**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 Named Insured** **Date**