



# Solid Fuel/Wood Burning Appliance Supplemental Questionnaire

Policy Number		Named Insured	
1. Type of appliance (free-standing or fireplace insert)		2. Brand name	
4. Installed by (insured or contractor)		Date	
or		5. Was installation inspected and approved by local building inspector fire department?	
6. Use:		3. UL or ICBO listed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. <input type="checkbox"/> primary heat source <input type="checkbox"/> supplemental heat source <input type="checkbox"/> cooking <input type="checkbox"/> trash disposal <input type="checkbox"/> other		6. Was installation inspected and approved by local building inspector fire department?	
(more than 60 days/year) <input type="checkbox"/> only heat source		<input type="checkbox"/> Yes (if yes, attach copy of approval) <input type="checkbox"/> No	
B. Hours per day during heating season?		7. Type of fuel used	
7. Type of fuel used		No. of cords burned per yr.	
8. If stove, is it free of cracks or broken parts? <input type="checkbox"/> Yes <input type="checkbox"/> No		If wood, check type used:	
9. Is wood, fuel, or any other combustible stored near unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> soft <input type="checkbox"/> hard <input type="checkbox"/> mixed <input type="checkbox"/> pellet	
10. A. How often is flue professionally cleaned? Date last cleaned? By whom?		Is wood seasoned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. B. Does the chimney have a spark arrester? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Is unit ever operated without someone in attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is unit ever operated without someone in attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Has a smoke detector or fire alarm been installed in area of unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Has a smoke detector or fire alarm been installed in area of unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. How are ashes disposed of? Describe the container that is used.	

Note: Attach two photos from different angles that clearly show the installation.

Based on the various illustrations below, complete the following for free-standing stoves only.

1. How many inches away from walls and furniture is the stove?		2. If a shield is used, describe materials the shield is made of:	
3. Is there a protective floor shield over flooring material? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. If the stove pipe passes through a wall: A. Is a factory built chimney used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is there at least 18" between combustible material and where the ashes are removed from the stove? <input type="checkbox"/> Yes <input type="checkbox"/> No		B. How many inches around is the thimble? _____	
7. A. How many feet is the top of the chimney above the roof line? _____		C. How many inches is the pipe from the ceiling? _____	
7. B. Is the chimney 2' above any roof surface within 10'? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Is the stove vented into: <input type="checkbox"/> existing chimney <input type="checkbox"/> factory built chimney	

These questions do not have to be answered if a copy of the approved inspection is attached.

Signatures	Insured	Date
	Agent	Date
	Agency	Agency Number

