

# Wood Stove Questionnaire

Insured's name \_\_\_\_\_ Policy number \_\_\_\_\_

Agent \_\_\_\_\_

Brand of wood stove \_\_\_\_\_ Model Number \_\_\_\_\_

Type of stove:  Free standing  Fireplace insert

UL approved?  yes  no  Installed by:  Insured  Contractor

Used as:  primary heat source  supplemental heat source  cooking  other

Is there a smoke detector in the room?  yes  no

How often is the chimney and stove pipe cleaned? \_\_\_\_\_

Date of last cleaning \_\_\_\_\_ Cleaned by: \_\_\_\_\_

Inspected by:  Building department  Fire department  Other  
(attach copy of certificate)

If the installation has not been inspected, please complete the following:

Distance to walls from stove \_\_\_\_\_

Describe wall protection \_\_\_\_\_

Length of stove legs \_\_\_\_\_

Describe floor protection \_\_\_\_\_

Distance of stove pipe to unprotected walls and ceilings \_\_\_\_\_

Chimney composition \_\_\_\_\_

Is a protective collar provided where stove pipe goes through walls, ceilings, or roof?  yes  no

Does the chimney extend two feet above any portion of the building within ten feet of the chimney?  yes  no

THIS INFORMATION IS FOR UNDERWRITING PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS A WARRANTY OF THE SAFETY OF THE UNIT INVOLVED OR THE INSTALLATION.

Insured's signature \_\_\_\_\_ Date \_\_\_\_\_