

**WOOD/COAL BURNING DEVICE QUESTIONNAIRE**

Name of Insured	Policy Number	Today's Date
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We appreciate your business. When a wood burning 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 wood stove meets our requirements. Thank you

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| <p>1. Type of stove:</p> <p>_____ Free Standing Stove</p> <p>_____ Fireplace Insert</p> <p>_____ Pellet Stove</p> <p>_____ Wood Furnace Add-On</p> <p>_____ Other: _____</p> <p>Name of Stove: _____</p><br><p>2. Who installed you stove?</p> <p>_____ Dealer</p> <p>_____ Professional Heating Contractor</p> <p>_____ Local Handyman</p> <p>_____ Self</p> <p>_____ Other: _____</p><br><p>3. Is your stove and stovepipe or chimney cleaned annually and will you continue to do so in the future?</p> <p>_____ Yes</p> <p>_____ No *</p> <p>_____ Last date cleaned: _____</p> <p>_____ By whom? _____</p><br><p>4. Are there any other heating devices vented into the chimney and/or stovepipe used for your wood stove?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Is your wood stove installed at the distances from your combustible walls, ceilings, furniture and draperies as recommended by the manufacturer?</p> <p>_____ Yes</p> <p>_____ No</p> <p>_____ Don't know</p> <p>What is closest distance from stove to any combustible surface (wall, floor or ceiling)?</p> <p>_____</p><br><p>6. Are fire/smoke detectors located on the same level of the home as the wood stove?</p> <p>_____ Yes</p> <p>_____ No</p><br><p>7. What source of heat other than wood or coal is in your home?</p> <p>_____ Oil Furnace</p> <p>_____ Natural Gas Furnace</p> <p>_____ Liquid Propane Gas Furnace</p> <p>_____ Electric Furnace/Heat Pump</p> <p>_____ Kerosene</p> <p>_____ Solar</p> <p>_____ Radiant/Hot Water</p> <p>_____ Space Heater</p> <p>_____ No Other Heat but Wood</p> |
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\* If answer to #3 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 WOOD STOVE 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 Witness	_____ Date