

WOOD STOVE QUESTIONNAIRE

Insureds name _____ Policy Number: _____

Agent J. CLIFTON AVERY AGENCY Agency Code: _____

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 _____

Explain: _____

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: Bldg Dept _____ Fire Dept _____ 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 two feet of the chimney?
Yes _____ No _____

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

Insured's signature _____ Date _____