WOOD / COAL STOVE QUESTIONNAIRE

Insured:	Policy Number:
The following questions should be answered in full by the Applicant/Insured so that we may properly evaluate the wood/coal stove exposure. If more than one stove is in the home, we will need a separate form completed for each unit	
1. GENERAL INFORMATION	
Type of unit: Freestal Construction: Cast Iro Use: Primary Fuel Used: Wood How often is stove, stovepipe and	Model Name / Number:
2. INSTALLATION	
	Date Installed?
Where is stove in home?	department or building inspector? [] Yes [] No
Clearances: Distance of wood sto Heat shields on wall(s) [] Ye shield material:	ove: Bottom to floor Stove top to ceiling To nearest wall To nearest furniture es [] No If Yes, provide dimensions, thickness and type of
If None, what is the wall construct Is stove situated on a pad?	/olume) in inches between wall and shield?ted of?
If No, what is the foundation mate	prials?
3. STOVE PIPE INFORMATION	
If (*) does stove pipe pass thru ve If Yes, provide diameter of thimbl Stovepipe Sizes: Diameter to ceiling (in); Distance or	Built into fireplace Stovepipe thru wall* Stovepipe into chimney Stovepipe thru ceiling* entilated thimble? [] Yes [] No. e (in inches):; Length (ft); No. of Elbows; Distance of horiz. Section for vent section to wall (in). I with metal screws? [] Yes [] No
4. CHIMNEY INFORMATION	
	Metalbestos Brick/Block Triple-Wall Metal Other, describe
If Brick/Block, what is liner materi Other, Describe	
Number of heating units, connect	ed to same chimney?
INSURED'S SIGNATURE	 Date