

Policy No.: _____
 Insured: _____
 Agent: _____
 Location of Risk: _____

**WOOD/COAL BURNING FACILITY
 QUESTIONNAIRE**

REQUIREMENTS	
1. A photo of the wood/coal burning facility must be submitted with this Questionnaire. 2. Questionnaire and photo must be submitted with application for insurance. 3. Questionnaire must be inspected and signed by a licensed contractor or member of local fire department when facility is NOT factory installed or commercially installed by appliance distributor or licensed expert.	
STOVE INFORMATION	
TYPE	<input checked="" type="checkbox"/> Radiant <input type="checkbox"/> Circulating <input type="checkbox"/> Franklin <input type="checkbox"/> Other (specify):
MAKE/NAME	By: <u>Vermont Castings</u> U.L. Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
USE	<input type="checkbox"/> Primary Heat <input checked="" type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (specify):
INSTALLED	By: <u>NA</u> Date: <u>1980</u>
FLOOR PROTECTION	<input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Stone/Brick <input type="checkbox"/> Other (specify below)
WALL PROTECTION	<input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asb. Millbrd <input checked="" type="checkbox"/> Other (specify below) <i>Masonry</i>
CHIMNEY & STOVE PIPES	CHIMNEY TYPE: <input checked="" type="checkbox"/> Factory <input type="checkbox"/> Masonry <input type="checkbox"/> Other (describe):
	How often checked for creosote build-up? <u>Every year</u>
	Date Last Cleaned: <u>4-10-18</u> By Whom? <u>Grand or Dad's chimney sweep</u> <i>INC</i>
	Does vent pass through a combustible partition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, is protection thimble or sleeve used? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does pipe vent pass directly through the roof? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are any other heating units vented to chimney? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (describe below) Is stove vent system equipped with heat reclaiming unit or flue radiator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CLEARANCES	
1. Side of unit to nearest wall <u>21</u> inches. 2. Rear of unit to wall <u>12"</u> inches. 3. Top of stovepipe to ceiling <u>63"</u> inches. 4. Bottom of unit to floor <u>8"</u> inches. 5. Front of unit to front edge of floor protection <u>25"</u> inches. 6. Size of stovepipe used <u>6"</u> inches. 7. Size of thimble or roof joist shield <u>24"</u> inches. Do these distances comply with the manufacturer's standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
MISCELLANEOUS	
FUEL	<input checked="" type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other (specify):
PREVENTION	Fire Extinguisher in Room? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Smoke Alarm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL REMARKS	<u>Wall Protection is Tile w 1" open Airspace Behind it</u>

Inspector Signature: [Signature] Date Inspected: 4-10-18

PHOTO MUST BE ATTACHED