



## WOOD/COAL BURNING FACILITY QUESTIONNAIRE

Policy No.: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Location of Risk: \_\_\_\_\_  
\_\_\_\_\_

### REQUIREMENTS

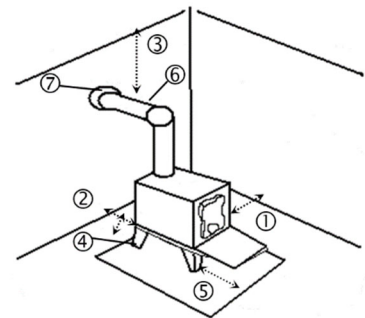
1. A photo of the wood/coal burning facility must be submitted with this Questionnaire.
2. Questionnaire and photo must be submitted with application for insurance.
3. Woodstove must be inspected and questionnaire signed by a licensed contractor or member of local fire department when facility is NOT factory installed or commercially installed by appliance distributor or licensed expert.

### STOVE INFORMATION

TYPE	<input type="checkbox"/> Radiant <input type="checkbox"/> Circulating <input type="checkbox"/> Franklin <input type="checkbox"/> Other (specify): _____			
MAKE/NAME	By: _____		U.L. Approved? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
USE	<input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (specify): _____			
INSTALLED	By: _____		NFI Certified? Yes or No      Date: _____	
FLOOR PROTECTION	<input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input 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 type="checkbox"/> Other (specify below)			
CHIMNEY & STOVE PIPES	CHIMNEY TYPE: <input type="checkbox"/> Factory <input type="checkbox"/> Masonry <input type="checkbox"/> Other (describe): _____			
	How often checked for creosote build-up?			
	How often are ashes cleaned out?			
	Are ashes placed in a metal container? Yes or No			
	Date Last Cleaned: _____		By Whom? _____	
	Does vent pass through a combustible partition? ..... <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No			
Are any other heating units vented to chimney? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
(Describe below.)				
Is stove vent system equipped with heat reclaiming unit or flue radiator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				

### CLEARANCES

1. Side of unit to nearest wall ..... inches.
  2. Rear of unit to wall ..... inches.
  3. Top of stovepipe to ceiling ..... inches.
  4. Bottom of unit to floor ..... inches.
  5. Front of unit to front edge of floor protection ..... inches.
  6. Size of stovepipe used ..... inches.
  7. Size of thimble or roof joist shield ..... inches.
- Do these distances comply with the manufacturer's standards? .... ☐ Yes ☐ No



### MISCELLANEOUS

FUEL	<input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other (specify): _____	
PREVENTION	Fire Extinguisher in Room? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Alarm? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL REMARKS		

Inspector Signature: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

**PHOTO MUST BE ATTACHED**