

SUPPLEMENTAL WOOD/COAL BURNING STOVE - UNDERWRITING INFORMATION

Applicant/Named Insured _____ Pol. No. _____

Agency Name _____

STOVE/FURNACE UNIT

Type () Open Hearth () Pot Belly, Box or Franklin () Airtight () Free Standing Fireplace
(no doors) (loose fitting doors) (tight-fitting, draft limiting doors & seams)

Construction () Sheet Metal () Cast Iron () Brick Lined
Any cracks or broken parts? () Yes () No

Fuel () Wood () Coal () Other (specify) _____

Principal Use () Primary heat source () Supplemental heat () Cooking
Manufacturer _____ UL Listed () Unlisted ()

Installed by () Owner () Contractor Month/year of installation _____

Inspected by () Building Inspector () Fire Department
() Other (specify) _____

Installation Noncombustible pad or surface below stove extends at least 18" beyond loading door and
12" beyond side and rear. () Yes () No
Fire extinguisher in same room as heating unit. () Yes () No
Ashes disposed of in a metal (fireproof) container. () Yes () No

COMPLETE CLEARANCE CHART ON BACK SIDE

CHIMNEY () Metal single wall (Stovepipe) () Masonry with tile or stainless steel liner
() Masonry without liner () Factory built double or triple wall () Listed by UL
Manufacturer _____ UL Listed () Unlisted ()

If factory built, complete the following:

What is the least clearance of the chimney from combustibles at walls, ceiling or roof?

() 2" or more () Less than 2" but not zero () Zero () Unknown-accessability limited

If chimney passes through the attic, is insulation up against chimney? () Yes () No

THE FOLLOWING APPLIES TO ALL CHIMNEY TYPES

How often are chimney and stovepipe cleaned? _____

Date of last cleaning _____ Is any other appliance
vented into same flue as the solid fuel appliance? () Yes (give details in remarks) () No

STOVEPIPE Does stovepipe pass through any walls, ceilings or floors? () Yes () No

If Yes, provide photos and complete the following.

Type of wall pass through: () Fire clay thimble () Stovepipe () Insulated metal pipe
() Listed wall pass through () Other _____

_____ inches from wall pass through (thimble) to combustible material, if visible.

() Not visible

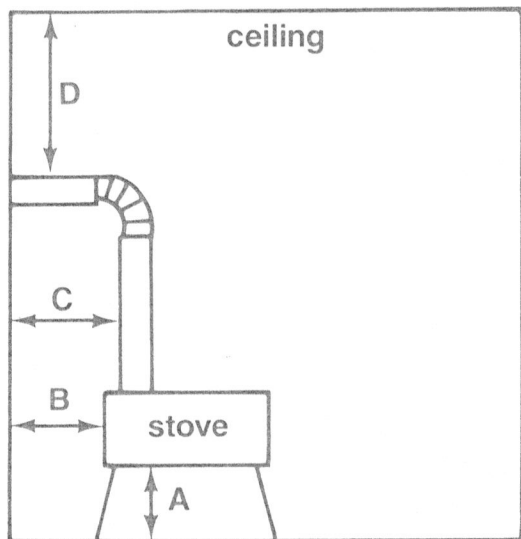
REMARKS: _____

Do you recommend this installation? () Yes () No (Indicate reasons in Remarks)

Agent's Signature _____ Date _____

Applicant's Signature _____ Date _____

CLEARANCE CHART (Please measure clearances and insert by diagram).

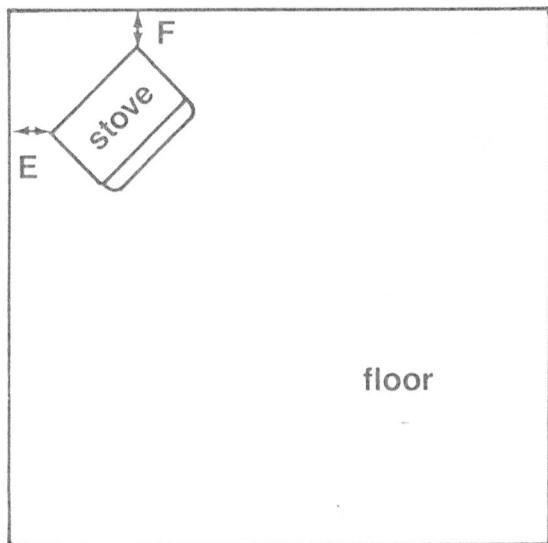


A _____

B _____

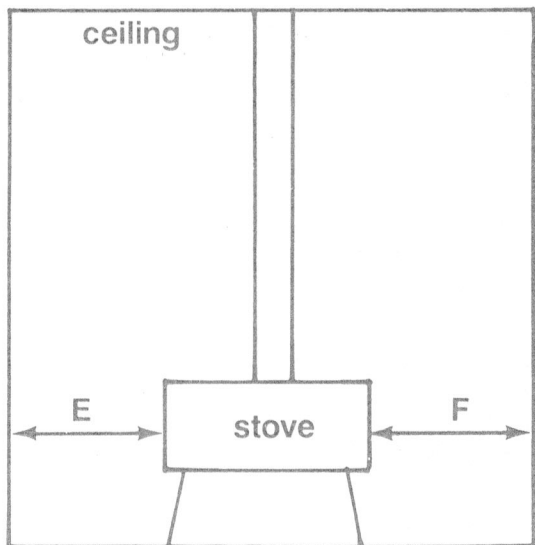
C _____

D _____



E _____

F _____



E _____

F _____