



SOLID FUEL QUESTIONNAIRE PERSONAL PROPERTY SUPPLEMENT

DATE

PRODUCER CODE AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">COMPANY</td> <td style="width:50%;">ACCOUNT NUMBER</td> </tr> <tr> <td>POLICY NUMBER</td> <td>EFFECTIVE DATE</td> </tr> <tr> <td></td> <td>EXPIRATION DATE</td> </tr> </table>	COMPANY	ACCOUNT NUMBER	POLICY NUMBER	EFFECTIVE DATE		EXPIRATION DATE
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SOLID FUEL DEVICE

MANUFACTURER	BRAND NAME	MODEL NUMBER	FUEL
STOVE TYPE <input type="checkbox"/> RADIANT <input type="checkbox"/> CIRCULATING	DOES THE UNIT HAVE A TESTING LABORATORY LABEL? (UL, OTHER) <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE UNIT <input type="checkbox"/> FREE STANDING <input type="checkbox"/> FORCED AIR FURNACE	<input type="checkbox"/> CENTRAL HOT WATER FIREPLACE INSERT <input type="checkbox"/> ADD ON <input type="checkbox"/> BARREL TYPE <input type="checkbox"/> PELLET <input type="checkbox"/> FIREPLACE <input type="checkbox"/> OTHER (DESCRIBE):
CONSTRUCTION <input type="checkbox"/> CAST IRON <input type="checkbox"/> SHEET METAL	LOCATION <input type="checkbox"/> PLATE STEEL <input type="checkbox"/> OTHER	<input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR	<input type="checkbox"/> SECOND FLOOR <input type="checkbox"/> OTHER (DESCRIBE):
YEAR DEVICE INSTALLED	WAS INSTALLATION DONE BY A PROFESSIONAL INSTALLER SUCH AS A CONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSTALLATION WAS INSPECTED BY <input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> LOCAL BUILDING INSPECTOR	<input type="checkbox"/> OTHER: NOT INSPECTED
HEATING USE	WHAT OTHER TYPE OF HEATING SOURCE IS USED?		
<input type="checkbox"/> TOTAL (ONLY HEAT SOURCE) <input type="checkbox"/> PRIMARY (MAIN HEAT SOURCE)	<input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> OCCASIONAL	<input type="checkbox"/> GAS <input type="checkbox"/> OIL	<input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER (DESCRIBE):
IS THE DEVICE FREE FROM LARGE CRACKS AND/OR BROKEN PARTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CHIMNEY

IS THE STOVE VENTED INTO THE SAME CHIMNEY FLUE (DOUBLE VENTED) WITH A HEATING DEVICE USING A DIFFERENT TYPE FUEL? IF YES, LIST OTHER DEVICE(S) AND WHERE EACH IS ATTACHED ON CHIMNEY			<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHIMNEY CONSTRUCTION IS				
<input type="checkbox"/> MASONRY, WITHOUT A LINER	<input type="checkbox"/> METAL, TRIPLE WALL (CLASS A AND UL LISTED)	<input type="checkbox"/> METAL, SINGLE WALL (CLASS A AND UL LISTED)		
<input type="checkbox"/> MASONRY, WITH A LINER	<input type="checkbox"/> METAL, DOUBLE WALL INSULATED (CLASS A AND UL LISTED)	<input type="checkbox"/> OTHER:		
IF MASONRY: DOES TILE FLUE LINING EXTEND FROM BELOW THE STOVEPIPE ENTRY POINT TO THE TOP OF THE CHIMNEY?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF MASONRY: IS THE CHIMNEY BUILT FROM THE GROUND UP?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS THE CHIMNEY INSTALLED AFTER THE HOUSE WAS BUILT AND FOR THIS SOLID FUEL HEATING DEVICE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS CHIMNEY "COVERED WITH" OR "HIDDEN BEHIND" A COMBUSTIBLE WALL? IF YES, GIVE DISTANCE FROM SMOKE PIPE TO EDGES OF OPENING IN THAT WALL OR COVER _____ INCHES			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DESCRIBE ANY THIMBLE OR MATERIAL PLACED TO PROTECT THE EDGES OF THAT OPENING				

STOVE PIPE

STOVE PIPE IS				
<input type="checkbox"/> SINGLE WALL METAL	<input type="checkbox"/> LABORATORY LISTED DOUBLE WALL OR INSULATED			
DOES THE SMOKE PIPE FIT SNUG INTO THE CHIMNEY OPENING?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE SMOKE PIPE HAVE A "WASTE HEAT COLLECTOR/CIRCULATOR", "HEAT RECLAIMER", "CATALYTIC CONVERTER", "HEAT EXTRACTOR", OR CIRCULATING FAN?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE STOVE PIPE CONNECTIONS SECURELY FASTENED TO EACH OTHER WITH SCREWS AT EACH CONNECTION?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE SMOKE PIPE PASS THROUGH ANY INTERIOR COMBUSTIBLE WALL, CEILING, CLOSET, OR CONCEALED AREA? IF YES, CHECK ONE OF THE FOLLOWING:			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> PASSES THROUGH A VENTILATED THIMBLE WITH A DIAMETER OF: _____ INCHES			<input type="checkbox"/> NO THIMBLE, DISTANCE FROM PIPE TO EDGES OF OPENING IS: _____ INCHES	

UNIT CLEARANCES

DOES THE STOVE INSTALLATION AND USE CONFORM TO ALL OF ITS MANUFACTURER'S SPECIFICATIONS AND LOCAL FIRE CODES? IF THERE ARE ANY VARIANCES, COMPLETE THE REMAINDER OF THIS SECTION AND EXPLAIN THE VARIANCES IN REMARKS.							<input type="checkbox"/> YES	<input type="checkbox"/> NO			
DISTANCE FROM UNIT TO:											
REAR WALL		LEFT WALL		RIGHT WALL		BOTTOM OF UNIT TO FLOOR		DIAMETER OF PIPE		FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION	
FEET INCHES		FEET INCHES		FEET INCHES		FEET INCHES		INCHES		FEET INCHES	
STOVE PIPE TO WALL		TOP OF PIPE TO CEILING		DIAMETER OF PIPE		SHORTEST DISTANCE FROM PIPE TO ANY WALL		TO THE CEILING			
FEET INCHES		FEET INCHES		FEET INCHES		FEET INCHES		FEET INCHES			
DISTANCE TO: FURNITURE, DRAPES, WOOD STORAGE OR OTHER COMBUSTIBLES FROM FRONT OF DEVICE											
FEET INCHES											
IS THERE PROTECTIVE MATERIAL ON IF YES, PLEASE DESCRIBE AND INDICATE WHETHER PROTECTIVE MATERIAL IS SPACED OUT AND IF SO HOW FAR											
<input type="checkbox"/> WALLS		<input type="checkbox"/> FLOOR									
<input type="checkbox"/> CEILING											
REMARKS:											

FIRE PROTECTION

IS THERE A FIRE EXTINGUISHER IN THE DWELLING?		YES	NO
IF YES, IS IT IN OPERATING CONDITION?		YES	NO
IS THERE A SMOKE DETECTOR IN THE DWELLING?		YES	NO
IS THERE A HEAT SENSOR IN THE DWELLING?		YES	NO
IS THERE A CARBON MONOXIDE (CO) DETECTOR IN THE DWELLING?		YES	NO

CLEANING

HOW OFTEN IS THE STOVE, CHIMNEY, AND STOVE/SMOKE PIPE CLEANED AND INSPECTED?	BY WHOM?	IS THIS PERSON A CERTIFIED CHIMNEY SWEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LAST CLEANING
WHAT TYPE OF CONTAINER IS USED TO DISPOSE OF THE ASHES?	WHERE ARE THE ASHES STORED?		

PHOTOGRAPHS

1. ATTACH AT LEAST ONE PHOTO OF INTERIOR WITH STOVE INSTALLED, INCLUDE FLOOR PROTECTION
2. ATTACH AT LEAST ONE PHOTO OF EXTERIOR WITH CHIMNEY

SIGNATURE

SIGNATURE OF PERSON COMPLETING THIS FORM	DATE