



AGENCY CUSTOMER ID: _____

LOC #: _____ ITEM #: _____

**SOLID FUEL QUESTIONNAIRE
SUPPLEMENT TO RESIDENTIAL SECTION**

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

SOLID FUEL DEVICE

MANUFACTURER	BRAND NAME	MODEL NUMBER	FUEL TYPE <input type="checkbox"/> COAL	CORN <input type="checkbox"/> PELLET	WOOD <input type="checkbox"/>
STOVE TYPE <input type="checkbox"/> RADIANT <input type="checkbox"/> CIRCULATING	TESTING LABORATORY LABEL <input type="checkbox"/> UNDERWRITERS LABORATORY (UL) <input type="checkbox"/> UNDERWRITERS LABORATORY OF CANADA (ULC) <input type="checkbox"/> CANADIAN STANDARDS ASSOCIATION (CSA)	UNIT TYPE <input type="checkbox"/> FREE STANDING <input type="checkbox"/> FORCED AIR FURNACE <input type="checkbox"/> CENTRAL HOT WATER	<input type="checkbox"/> FIREPLACE INSERT <input type="checkbox"/> ADD ON <input type="checkbox"/> HOMEMADE	<input type="checkbox"/> BARREL TYPE <input type="checkbox"/> PELLET <input type="checkbox"/> FIREPLACE	
CONSTRUCTION <input type="checkbox"/> CAST IRON <input type="checkbox"/> PLATE STEEL <input type="checkbox"/> SHEET METAL	LOCATION OF DEVICE <input type="checkbox"/> BASEMENT <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> MAIN LIVING AREA	INSTALLATION INSPECTED BY <input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> LOCAL BUILDING INSPECTOR <input type="checkbox"/> NOT INSPECTED	HEATING USE <input type="checkbox"/> TOTAL (ONLY HEAT SOURCE) <input type="checkbox"/> PRIMARY (MAIN HEAT SOURCE) <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> OCCASIONAL	OTHER HEATING SOURCE USED <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NONE	
YEAR INSTALLED	INSTALLATION DONE BY <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> NON-PROFESSIONAL <input type="checkbox"/> UNKNOWN	INSTALLER NAME			
DEVICE INFORMATION (NO EXPLANATION REQUIRED)					Y / N
1. IS THE DEVICE FREE FROM LARGE CRACKS AND/OR BROKEN PARTS?					

CHIMNEY

CONSTRUCTION <input type="checkbox"/> MASONRY, WITHOUT A LINER <input type="checkbox"/> MASONRY, WITH A LINER	<input type="checkbox"/> METAL, TRIPLE WALL (CLASS A AND UL LISTED) <input type="checkbox"/> METAL, DOUBLE WALL INSULATED (CLASS A AND UL LISTED)	<input type="checkbox"/> METAL, SINGLE WALL (CLASS A AND UL LISTED)					
CHIMNEY INFORMATION (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE)			Y / N				
1. IS THE STOVE VENTED INTO THE SAME CHIMNEY FLUE (DOUBLE VENTED) WITH A HEATING DEVICE USING A DIFFERENT TYPE FUEL? IF "YES", CHECK THE TYPE OF FUEL AND WHERE EACH IS ATTACHED ON THE CHIMNEY							
FUEL TYPE	ABOVE	SAME LEVEL	BELOW	FUEL TYPE	ABOVE	SAME LEVEL	BELOW
<input type="checkbox"/> GAS <input type="checkbox"/> OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHER WOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. IF THE CONSTRUCTION IS MASONRY, DOES TILE FLUE LINING EXTEND FROM BELOW THE STOVE PIPE ENTRY POINT TO THE TOP OF THE CHIMNEY?							
3. IF THE CONSTRUCTION IS MASONRY, IS THE CHIMNEY BUILT FROM THE GROUND UP?							
4. WAS THE CHIMNEY INSTALLED AFTER THE HOUSE WAS BUILT AND FOR THIS SOLID FUEL HEATING DEVICE?							
5. IS THE CHIMNEY "COVERED WITH" OR "HIDDEN BEHIND" A COMBUSTIBLE WALL?							

STOVE PIPE

STOVE PIPE TYPE <input type="checkbox"/> SINGLE WALL METAL <input type="checkbox"/> LABORATORY LISTED DOUBLE WALL OR INSULATED	VENT STYLE <input type="checkbox"/> CATALYTIC CONVERTER <input type="checkbox"/> CIRCULATING FAN	<input type="checkbox"/> HEAT EXTRACTOR <input type="checkbox"/> HEAT RECLAIMER	<input type="checkbox"/> WASTE HEAT COLLECTOR/CIRCULATOR	DIAMETER OF STOVE PIPE INCHES
STOVE PIPE INFORMATION (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE)				Y / N
1. DOES THE STOVE PIPE FIT SNUG INTO THE CHIMNEY OPENING?				
2. ARE STOVE PIPE CONNECTIONS SECURELY FASTENED TO EACH OTHER WITH SCREWS AT EACH CONNECTION?				
3. DOES THE STOVE PIPE PASS THROUGH ANY INTERIOR COMBUSTIBLE WALL, CEILING, CLOSET OR CONCEALED AREA? IF "YES", ANSWER THE FOLLOWING:				
<input type="checkbox"/> PASSES THROUGH A VENTILATED THIMBLE WITH A DIAMETER OF:		INCHES		
<input type="checkbox"/> NO THIMBLE, DISTANCE FROM PIPE TO OUTER EDGES OF OPENINGS IS:		INCHES		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

UNIT CLEARANCES

CLEARANCE INFORMATION (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE) Y / N

1. DOES THE STOVE INSTALLATION AND USE CONFORM TO ALL OF ITS MANUFACTURER'S SPECIFICATIONS AND LOCAL FIRE CODES? Y / N

DISTANCE FROM UNIT TO:		DISTANCE FROM STOVE PIPE TO:	
INCHES		INCHES	
<input type="checkbox"/> REAR WALL	<input type="checkbox"/> BOTTOM OF UNIT TO FLOOR	<input type="checkbox"/> SHORTEST DISTANCE FROM PIPE TO ANY WALL	
<input type="checkbox"/> LEFT WALL	<input type="checkbox"/> FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION	<input type="checkbox"/> TOP OF PIPE TO CEILING	
<input type="checkbox"/> RIGHT WALL	<input type="checkbox"/> FURNITURE, DRAPES, WOOD STORAGE OR OTHER COMBUSTIBLES FROM FRONT OF UNIT		
<input type="checkbox"/> CEILING			

PROTECTIVE MATERIAL

CHECK THE TYPE OF PROTECTIVE MATERIAL USED FOR WALLS, FLOORS AND CEILINGS AND ENTER THE SURROUNDING AIR SPACE IN INCHES FOR EACH.

	NONE	BRICK	CERAMIC TILE	CONCRETE	FIRE BOARD	SHEET METAL	STAINLESS STEEL	STONE	OTHER MATERIAL TYPE	AIR SPACE
WALLS	<input type="checkbox"/>		INCHES							
FLOORS	<input type="checkbox"/>		INCHES							
CEILING	<input type="checkbox"/>		INCHES							

FIRE PROTECTION

FIRE PROTECTION INFORMATION (NO EXPLANATION REQUIRED) Y / N

1. IS THERE A FIRE EXTINGUISHER IN OPERATING CONDITION IN THE DWELLING? Y / N
2. IS THERE A SMOKE DETECTOR IN THE DWELLING? Y / N
3. IS THERE A HEAT SENSOR IN THE DWELLING? Y / N
4. IS THERE A CARBON MONOXIDE (CO) DETECTOR IN THE DWELLING? Y / N

CLEANING

FREQUENCY THE STOVE, CHIMNEY, AND STOVE/SMOKE PIPE ARE CLEANED AND INSPECTED	CLEANED AND INSPECTED BY:	IS THIS PERSON A CERTIFIED CHIMNEY SWEEP? (Y / N)	DATE OF LAST CLEANING
<input type="checkbox"/> ANNUALLY			
<input type="checkbox"/> SEMI-ANNUALLY			
<input type="checkbox"/> QUARTERLY			
	DESCRIBE CONTAINER USED TO STORE ASHES	DESCRIBE WHERE ASHES ARE STORED	

ATTACHMENTS

- PHOTO OF THE INTERIOR WITH STOVE INSTALLED, INCLUDING FLOOR PROTECTION
- PHOTO OF EXTERIOR WITH CHIMNEY

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

SIGNATURE OF PERSON COMPLETING THIS FORM	SIGNED BY	DATE
	<input type="checkbox"/> APPLICANT <input type="checkbox"/>	
	<input type="checkbox"/> PRODUCER	