



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		CORN		WOOD	
						<input type="checkbox"/> COAL		<input type="checkbox"/> PELLET		<input type="checkbox"/>	
STOVE TYPE		TESTING LABORATORY LABEL				UNIT TYPE					
<input type="checkbox"/> RADIANT		<input type="checkbox"/> UNDERWRITERS LABORATORY (UL)				<input type="checkbox"/> FREE STANDING					
<input type="checkbox"/> CIRCULATING		<input type="checkbox"/> UNDERWRITERS LABORATORY OF CANADA (ULC)				<input type="checkbox"/> FIREPLACE INSERT					
		<input type="checkbox"/> CANADIAN STANDARDS ASSOCIATION (CSA)				<input type="checkbox"/> BARREL TYPE					
						<input type="checkbox"/> FORCED AIR FURNACE					
						<input type="checkbox"/> ADD ON					
						<input type="checkbox"/> CENTRAL HOT WATER					
						<input type="checkbox"/> PELLET					
						<input type="checkbox"/> FIREPLACE					
						<input type="checkbox"/> FIREPLACE					
CONSTRUCTION		LOCATION OF DEVICE		INSTALLATION INSPECTED BY		HEATING USE		OTHER HEATING SOURCE USED			
<input type="checkbox"/> CAST IRON		<input type="checkbox"/> BASEMENT		<input type="checkbox"/> FIRE DEPARTMENT		<input type="checkbox"/> TOTAL (ONLY HEAT SOURCE)		<input type="checkbox"/> GAS			
<input type="checkbox"/> PLATE STEEL		<input type="checkbox"/> ATTACHED GARAGE		<input type="checkbox"/> LOCAL BUILDING INSPECTOR		<input type="checkbox"/> PRIMARY (MAIN HEAT SOURCE)		<input type="checkbox"/> NONE			
<input type="checkbox"/> SHEET METAL		<input type="checkbox"/> MAIN LIVING AREA		<input type="checkbox"/> NOT INSPECTED		<input type="checkbox"/> SUPPLEMENTAL		<input type="checkbox"/> OIL			
						<input type="checkbox"/> OCCASIONAL		<input type="checkbox"/> ELECTRIC			
YEAR INSTALLED		INSTALLATION DONE BY				INSTALLER NAME					
		<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> NON-PROFESSIONAL <input type="checkbox"/> UNKNOWN									
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"/> 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"/>		
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		
<input type="checkbox"/> GAS		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> OIL		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
FUEL TYPE		ABOVE		SAME LEVEL		BELOW		
<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		VENT STYLE				DIAMETER OF STOVE PIPE	
<input type="checkbox"/> SINGLE WALL METAL		<input type="checkbox"/> CATALYTIC CONVERTER		<input type="checkbox"/> HEAT EXTRACTOR		<input type="checkbox"/> WASTE HEAT COLLECTOR/CIRCULATOR	
<input type="checkbox"/> LABORATORY LISTED DOUBLE WALL OR INSULATED		<input type="checkbox"/> CIRCULATING FAN		<input type="checkbox"/> HEAT RECLAIMER		<input type="checkbox"/>	
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)**

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**UNIT CLEARANCES**

<b>CLEARANCE INFORMATION (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE)</b>				<b>Y / N</b>
1. DOES THE STOVE INSTALLATION AND USE CONFORM TO ALL OF ITS MANUFACTURER'S SPECIFICATIONS AND LOCAL FIRE CODES?				
<b>DISTANCE FROM UNIT TO:</b>			<b>DISTANCE FROM STOVE PIPE TO:</b>	
<b>INCHES</b>		<b>INCHES</b>		
<input type="text"/>	REAR WALL	<input type="text"/>	BOTTOM OF UNIT TO FLOOR	<input type="text"/>
<input type="text"/>	LEFT WALL	<input type="text"/>	FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION	<input type="text"/>
<input type="text"/>	RIGHT WALL	<input type="text"/>	FURNITURE, DRAPES, WOOD STORAGE OR OTHER COMBUSTIBLES FROM FRONT OF UNIT	<input type="text"/>
<input type="text"/>	CEILING			<input type="text"/>

**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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	INCHES
FLOORS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	INCHES
CEILING	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	INCHES

**FIRE PROTECTION**

<b>FIRE PROTECTION INFORMATION (NO EXPLANATION REQUIRED)</b>		<b>Y / N</b>
1. IS THERE A FIRE EXTINGUISHER IN OPERATING CONDITION IN THE DWELLING?		
2. IS THERE A SMOKE DETECTOR IN THE DWELLING?		
3. IS THERE A HEAT SENSOR IN THE DWELLING?		
4. IS THERE A CARBON MONOXIDE (CO) DETECTOR IN THE DWELLING?		

**CLEANING**

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

**ATTACHMENTS**

<input type="checkbox"/>	PHOTO OF THE INTERIOR WITH STOVE INSTALLED, INCLUDING FLOOR PROTECTION
<input type="checkbox"/>	PHOTO OF EXTERIOR WITH CHIMNEY

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

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