



SUPPLEMENTAL HEATING DEVICE QUESTIONNAIRE

(Submit photos of heating unit, chimney and wall connections)

Name of insured:	Agent Name:
Policy Number:	Agent Number: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal

Heating Unit Questions:

1. Type of Unit Fireplace Insert or Hearth Stove, installed in
 Masonry, or Zero Clearance Fireplace
 Furnace
 Freestanding or Cone-shaped Fireplace
 Radiant Stove
 Other (explain) _____
2. Name of Manufacturer _____
3. Location of unit: House Attached Garage Detached Outbuilding
4. In what room is the unit located _____
5. Who installed unit? Contractor Professional Installer Owner Other (explain) _____
6. Year of installation _____ Was unit installed at the time home was built? _____
7. Age of unit _____
8. Is unit listed or approved by UL or other recognized testing laboratory? Yes No
9. Does unit comply with local building and/or fire codes? Yes No

Chimney Questions:

10. Type of chimney Brick Stone Masonry
 Metal (explain type and number of liners) _____
 Other (explain) _____
11. Chimney Clearances: Chimney extends _____ feet above the point where it exits the roof.
Chimney extends _____ feet above any structure within 10 feet.
12. How many units or appliances are connected to this chimney? If more than one, please explain _____
13. How often is the chimney cleaned? _____ By whom? _____
14. If metal chimney, is it visibly blued or stained? Yes No
15. If masonry chimney, is there a tile flue lining from stove pipe entry to the top of the chimney? Yes No

General Questions:

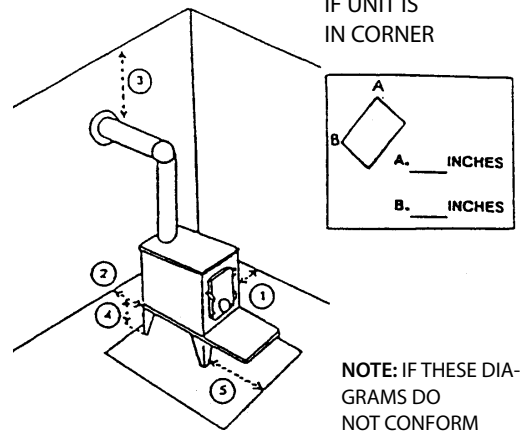
16. Was the installation inspected by the fire department or local building inspector? Yes No
17. Is there a fire extinguisher in the same room with the unit? Yes No Smoke or Heat Detector? Yes No
18. What type of fuel is used in the unit? Wood Gas Pellets Other (explain) _____
19. Where is the fuel stored in relation to the unit? _____
20. Does the unit have a waste heat circulator, heat reclaimer, or heat extractor attached? Yes No
21. Does unit have a blower? Yes No Thermostat? Yes No
22. Heating use? Primary Supplemental Occasional
23. How often are the ashes disposed of? _____
24. Any physical evidence of overheating or poor maintenance? Yes No (If Yes, please explain) _____
25. Protective Material:
 - a. Describe protective materials on walls, floor and ceiling surrounding unit and how far they extend beyond the unit:
(i.e. sheet rock, cement wall, brick, etc.) _____
 - b. Is there a heat shield attached to the unit? Yes No If yes, where is it attached? _____
26. Is there room where unit is located ventilated? Yes No
27. For Fireplace Inserts: Clearances: Front of unit to edge of floor protection _____ inches.
Top of unit to mantel is _____ inches.

28. For all other units, please answer the following questions using the diagram on the right.

Unit Clearance:

1. Side of unit to nearest wall _____ feet _____ inches.
2. Rear of unit to wall _____ feet _____ inches.
3. Top of stovepipe to ceiling _____ feet _____ inches.
4. Bottom of unit to floor _____ inches.
5. Front of unit to front edge of floor protection _____ inches.

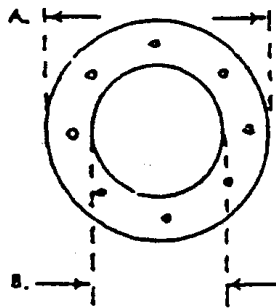
*Combustibles include furniture.



NOTE: IF THESE DIAGRAMS DO NOT CONFORM TO YOUR INSTALLATION, DRAW ON ADDITIONAL SHEET.

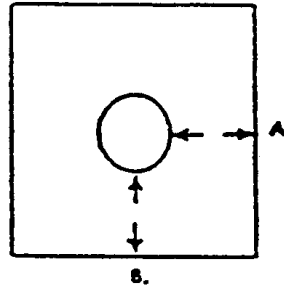
29. Wall/Ceiling Pass Through:

- a. Does stovepipe pass through a combustible wall or ceiling? Yes No If yes, complete 30b - 30f below.
- b. Type of wall/ceiling pass through:
 Fire Clay Thimble Stovepipe Insulated Metal Pipe Listed Wall/Ceiling Pass Through Other _____
- c. Inches from wall pass through to combustible: _____
- d. Type of stovepipe at pass through point? Fire Clay Sleeve Single Wall Double Wall Other _____
- e. Thimble Pass Through
- f. Sheet Metal Pass Through



A. DIAMETER OF THIMBLE
_____ INCHES

B. DIAMETER OF STOVE PIPE
_____ INCHES



A. SIDE OF SHEET METAL TO PIPE
_____ INCHES

B. BOTTOM OF SHEET METAL TO PIPE
_____ INCHES

IS THIMBLE VENTILATED: Yes No

30. Remarks:

Agent's Signature _____ Date _____
 Applicant's Signature _____ Date _____