

The Providence Mutual Fire Insurance Company

WOOD/COAL BURNING QUESTIONNAIRE

When a wood/coal burning stove is present in a home, please complete the following information in order to better determine installation requirements. Thank you in advance for your cooperation.

Policy Number: _____ Insured's Name: _____

Type of Stove: Free Standing Fireplace Insert
 Pellet Stove Furnace
 Other: _____

Is this the primary source of heat?: Yes No

Manufacturer: _____ Model Name: _____

Is Device UL approved: Yes No

Installed By: _____ Date: _____

Location: Non Combustible Flooring? Yes No
36" clearance from "all" combustible materials? Yes No
18" clearance between the stove pipe and any combustible materials (walls, ceilings, stored fuel): Yes No

Vent: Is vent pipe through: Wall Ceiling Floor Chimney

Is your stove & stovepipe and/or chimney professionally cleaned?: Yes No

How often is vent/chimney cleaned?: _____

Date of last cleaning?: _____

Equipped with draft regulator or damper? Yes No

Protection: Smoke Detectors: Yes No
Fire Extinguisher Yes No

Insured's Signature: _____ Date: _____