



WOODBURNING STOVE/FIREPLACE APPLICATION SUPPLEMENTAL

This form must be completed and signed by the Insured for any structure with a woodburning stove, wood/coal/corn heater, or free standing fireplace. Submit the signed certification and application accompanied by one photo which shows the stove/fireplace and one exterior photo of the chimney.

Fill in the General Information section in all cases. If the stove/fireplace is installed in a site-built room addition, fill in Section B only; otherwise fill in Section A only.

1. Proposed First Named Insured & Other Named Insured(s): _____

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

GENERAL INFORMATION

1. Type of business entity: _____

2. Stove brand name: _____ Years old: _____

3. Installed by: Distributor Contractor Homeowner Other: _____

4. Date installed: _____ month/year New Used

5. Installed in: Living Room Kitchen Bedroom Other: _____

6. Type of fuel used: Wood Coal Other: _____

7. Type of stove/fireplace: Free Standing Fireplace Insert Pellet Stove Other: _____

	Yes	No
8. Is stove used as a primary heating source?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is temperature gauge used?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a "Class A" type fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>
11. Number of smoke detectors in building: _____ Are they battery powered?	<input type="checkbox"/>	<input type="checkbox"/>
12. Distance from stove to nearest smoke detector: _____ feet		
13. How often is the chimney cleaned: _____		
14. How thick is the floor protection mat under the stove? _____ inches		
15. Floor mat content: <input type="checkbox"/> Steel <input type="checkbox"/> Asbestos <input type="checkbox"/> Other: _____		
16. Describe process for shutting down or cooling prior to vacating premises: _____		

SECTION A – Complete if Woodburning Stove/Fireplace is installed in a structure.

	Yes	No
1. Is the stove connected to an inlet that provides air directly from outside the structure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the stove anchored to the floor of the structure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the stove installed with a factory built chimney that attaches directly to the stove?	<input type="checkbox"/>	<input type="checkbox"/>
4. Chimney kit brand name: _____		
5. Chimney is routed through: <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling		
		Inches
6. Distance floor protection mat extends in front of stove opening.		_____
7. Distance floor protection mat extends from side of stove.		_____
8. Distance between stove and nearest wall.		_____
9. Distance between stove and nearest combustible material (furniture, drapes, rags, paints/fuels, etc.).		_____

SECTION B – Complete if Woodburning Stove/Fireplace is installed in a site-built room addition.

1. Stove is vented through: Wall Ceiling
2. Chimney is: Factory built (insulated metal stack) Chimney block
3. Wall covering nearest stove is: Paneling Plasterboard Other:
4. Has a heat shield been installed behind stove? Yes No

- Inches**
5. Distance between stove and nearest wall. _____
 6. Distance between stove body and floor protection mat. _____
 7. Distance floor protection mat extends in front of stove opening. _____
 8. Distance floor protection mat extends from sides of stove. _____
 9. Distance between ceiling and vent pipe if vented through wall. _____
 10. Distance between stove and nearest combustible material (furniture, drapes, rags, paints/fuels etc.). _____

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address
