

**WOOD / COAL / OR KEROSENE HEATING UNIT  
SUPPLEMENTAL QUESTIONNAIRE**

No. of Units: \_\_\_\_\_ (Complete one questionnaire for each unit.)

Attach Photo of Unit Here

Named Insured: \_\_\_\_\_ Policy No: \_\_\_\_\_

Address: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

Unit Location: Dwelling No. \_\_\_\_\_ Secondary Dwelling No. \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Type of Unit:  Stove  Furnace Supplement  Space Heater  Other (Specify) \_\_\_\_\_

Type of Fuel Used:  Wood  Coal  Kerosene  Other (Specify) \_\_\_\_\_

U/L Label?  Yes  No Date Installed \_\_\_\_\_  By Insured  By Professional

Have Local Ordinances Been Complied With?  Yes  No Inspected by Local Authority?  Yes  No

Is There A Smoke Detector In The Same Room?  Yes  No Fire Extinguisher?  Yes  No

Construction of Unit:  Cast Iron  Welded Steel  Other (Specify) \_\_\_\_\_

Used As:  Primary Heat Source  Supplemental Heat  Cook Stove  Other (Specify) \_\_\_\_\_

Any Fuel Stored Near Unit?  Yes  No If yes, How Is Fuel Protected? \_\_\_\_\_

What Materials Are Used In Igniting Fuel? \_\_\_\_\_

Does Stove Pipe Pass Through Combustible Walls, Ceiling or Concealed Spaces?  Yes  No

Are Vented Thimbles Used?  Yes  No What Type of Chimney is Unit Connected To? \_\_\_\_\_

When Was Chimney Last Inspected and Cleaned? \_\_\_\_\_

Is Chimney Less Than 2' Taller Than Any Portion of Building Within 10' of Chimney?  Yes  No

The following information must be completed.

