SUPPLEMENTAL APPLICATION
WOOD/ COAL BURNING

Name	Date	Policy Number

1. Name of Manufacturer_____Age_____
Type:
_____ Built in fireplace
_____ Free standing fireplace
_____ Space heating stove
_____ Central furnace
_____ Auxiliary furnace attached to gas, oil or electric furnace (Describe in remarks)
_____ Cook stove
_____ Barrel stove made from an oil drum
_____ Homemade stove (Describe in remarks)

2. Which floor is appliance used on?
_____ Basement
_____ 1st Floor
_____ 2nd Floor
_____ Other

3. When was the appliance installed? _____

By whom? _____

_____

4. Are there any protective coverings on walls, floors or ceilings?
Walls: ____Yes ____ No Floors: ____Yes ____ No
Ceiling: ____Yes ____ No
If so, what material is used?
Is there at least 1 inch of vented air space between protective Covering and wall? ___Yes __ No Ceiling? ___Yes ___No__

5. Type of Chimney is:
_____ Masonry with liner
_____ Masonry without liner (Don't bind coverage)
_____ Double wall insulated metal
_____ Triple wall metal
_____ Single wall metal (Don't bind coverage)

6. How often is the chimney cleaned? _____
Method of cleaning _____
General condition of the chimney:
____Excellent ____ Good ____Fair
____ Poor (Don't bind coverage)

7. Measure clearances and insert measurements below diagram

A _____ B _____ E _____ E _____

C _____ D _____ F _____ F _____

8. Total number of heat appliances connected to the same chimney _____
If more than one, does the chimney have separate flues? _____ Yes _____ No

9. Stovepipe Information
Diameter: _____ Length: _____ __ Number of Elbows: _____
A. Does it pass through floors, walls or ceilings? ____ yes _____No
B. If yes, is a ventilated thimble being used? ____ Yes ____ No
C. Size of thimble _____
D. Is there a heat saver? _____ (if so, don't bind coverage)
E. Are there metal screws in the joints of the stovepipe? _____Yes _____No

10. Remarks:

Agent's Signature _____