



THE PROVIDENCE MUTUAL FIRE INSURANCE COMPANY
WOOD/COAL BURNING STOVE QUESTIONNAIRE

When a wood/coal burning stove is present in a home we ask that the following information be completed and returned in order to better determine installation requirements. The Providence thanks 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 HEAT SOURCE?** YES NO

◆ **MANUFACTURER:** _____

◆ **MODEL NAME:** _____ **UL APPROVED?** YES NO

◆ **INSTALLED BY:** _____ **DATE:** ___/___/___

◆ **INSPECTED BY BUILDING INSPECTOR:** YES NO

◆ **LOCATION:**

NON-COMBUSTIBLE FLOORING: YES NO
36" CLEARING FROM "ALL" COMBUSTIBLE MATERIALS: YES NO
18" CLEARANCE BETWEEN THE STOVE PIPE AND ANY COMBUSTIBLE MATERIALS? (WALLS, FURNISHINGS, CEILINGS, STORED FUEL): YES NO

◆ **VENT:**

IS VENT PIPE THROUGH: WALL CEILING FLOOR CHIMNEY
EQUIPPED WITH DRAFT REGULATOR OR DAMPER?: YES NO

◆ **CLEANING:**

IS YOUR STOVE & STOVEPIPE &/OR CHIMNEY PROFESSIONALLY CLEANED? YES NO
HOW OFTEN IS VENT/CHIMNEY CLEANED?: _____
DATE OF LAST CLEANING?: ___/___/___

◆ **PROTECTION:** **SMOKE DETECTORS:** YES NO
FIRE EXTINGUISHER: YES NO

INSURED'S SIGNATURE: _____ **DATE:** ___/___/___