



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
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WOODBURNING STOVE SUPPLEMENTAL APPLICATION (Complete in addition to Acord App)

APPLICANT INFORMATION:

NAME: _____ POLICY NUMBER: _____

MANUFACTURER OF STOVE: _____

Was the stove professionally installed? Yes No

If "Yes", who installed it?

When was it installed? Year: _____

GENERAL INFORMATION

1. Is the stove at least 18" above the floor, or if less than 18", is it at least 4" above a noncombustible slab? Yes No
2. If a noncombustible slab is present, does it extend at least 6" from sides and back of stove and 18" from front of stove? Yes No
3. Is the stove at least 36" from all walls, furniture, curtains, wood fuel, and all other combustible materials? Yes No
4. Where is the stove vented?

5. If vented through a chimney, does it have a flue? Yes No
6. Has the chimney been inspected? Yes No
7. When was the chimney last cleaned?

8. If vented through a stovepipe, does it pass through a concealed space, floor, or attic? Yes No
9. What type of insulation is there between the pipe and any wall it passes through?

10. Is there at least 18" between the top of the pipe and the ceiling? Yes No
11. Is there a damper on the stove or stovepipe? Yes No
12. Is the woodstove the primary source of heat? Yes No
13. Does woodstove share a flue with another wood / gas / oil appliance? Yes No

Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**