

**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: \_\_\_\_\_

		<b>Yes</b>	<b>No</b>
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.**

		<b>Yes</b>	<b>No</b>
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		
			<b>Inches</b>
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.).		_____

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

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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.). \_\_\_\_\_

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**FRAUD STATEMENTS**

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**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.

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**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.

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address

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