



WOOD/COAL BURNING & SUPPLEMENTAL HEATING QUESTIONNAIRE

Dear Valued Customer:

When a supplemental heating source is present in a home, we have special requirements that must be met. Please complete this questionnaire so that we may determine if your stove meets our requirements. Thank you in advance for your cooperation.

Sincerely,
The Commerce Insurance Company



Please provide the following information:

Named Insured: _____ Today's Date: _____

Policy Number: _____

- 1. Type of Stove:
 - Free Standing Stove
 - Fireplace Insert
 - Wood Furnace Add On
 - Pellet Stove
 - Kerosene Heaters
 - Monitor Heaters
 - Other _____

Name of Stove: _____

UL Approved? Yes No

- 2. Is your stove and stovepipe or chimney professionally cleaned annually? Yes No
- Will you continue to do so in the future? Yes No

Last date cleaned: _____

Professionally installed? Yes No Inspected? Yes No If yes, date? _____

- 3. Are there any other heating devices vented into the same flue and/or stovepipe used for your stove? Yes No
- 4. Is the stove located a minimum of 36 inches away from any combustible material? (Walls, furniture, stored fuel, etc.)? Yes No
- 5. Is there at least 18 inches of clearance between the stove pipe and any combustible material? (Ceilings, walls, furniture?) Yes No
- 6. Do you have smoke detectors? Yes No
- 7. Do you have fire extinguishers? Yes No

Insured Signature: _____

Date: _____