



**COLONIAL GENERAL INSURANCE AGENCY, INC.**

Policy No.: \_\_\_\_\_

Insured: \_\_\_\_\_

Agent: \_\_\_\_\_

Location of Risk: \_\_\_\_\_

**WOOD/COAL BURNING FACILITY  
QUESTIONNAIRE**

**REQUIREMENTS**

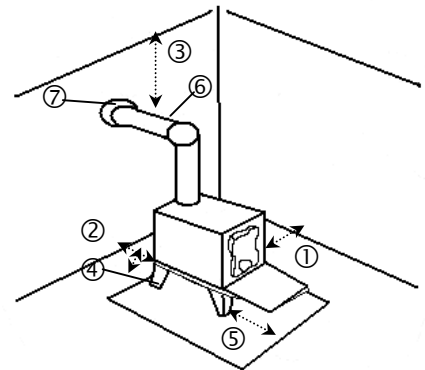
1. A photo of the wood/coal burning facility must be submitted with this Questionnaire.
2. Questionnaire and photo must be submitted with application for insurance.
3. Questionnaire must be inspected and signed by a licensed contractor or member of local fire department when facility is NOT factory installed or commercially installed by appliance distributor or licensed expert.

**STOVE INFORMATION**

TYPE	<input type="checkbox"/> Radiant <input type="checkbox"/> Circulating <input type="checkbox"/> Franklin <input type="checkbox"/> Other (specify):		
MAKE/NAME	By: _____	U.L. Approved?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
USE	<input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (specify):		
INSTALLED	By: _____	Date: _____	
FLOOR PROTECTION	<input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Other (specify below)		
WALL PROTECTION	<input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asb. Millbrd <input type="checkbox"/> Other (specify below)		
<b>CHIMNEY &amp; STOVE PIPES</b>	CHIMNEY TYPE: <input type="checkbox"/> Factory <input type="checkbox"/> Masonry <input type="checkbox"/> Other (describe):		
	How often checked for creosote build-up?		
	Date Last Cleaned: _____		By Whom? _____
	Does vent pass through a combustible partition?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, is protection thimble or sleeve used?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does pipe vent pass directly through the roof? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are any other heating units vented to chimney?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
(describe below)			
Is stove vent system equipped with heat reclaiming unit or flue radiator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

**CLEARANCES**

1. Side of unit to nearest wall ..... \_\_\_\_\_ inches.
  2. Rear of unit to wall ..... \_\_\_\_\_ inches.
  3. Top of stovepipe to ceiling ..... \_\_\_\_\_ inches.
  4. Bottom of unit to floor ..... \_\_\_\_\_ inches.
  5. Front of unit to front edge of floor protection ..... \_\_\_\_\_ inches.
  6. Size of stovepipe used ..... \_\_\_\_\_ inches.
  7. Size of thimble or roof joist shield ..... \_\_\_\_\_ inches.
- Do these distances comply with the manufacturer's standards?.....  Yes  No



**MISCELLANEOUS**

FUEL	<input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other (specify):		
PREVENTION	Fire Extinguisher in Room?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Alarm? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL REMARKS			

Inspector Signature: \_\_\_\_\_

Date Inspected: \_\_\_\_\_

**PHOTO MUST BE ATTACHED**