

Property Address: \_\_\_\_\_

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

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

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

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

**HEATING QUESTIONNAIRE**

**IMPORTANT: Please submit photos of the heating unit, including front and side, and exterior chimney.**

**INSTALLATION/MAINTENANCE OF HEATING UNIT**

Date installed: \_\_\_\_\_ Name of manufacturer: \_\_\_\_\_ Model No. \_\_\_\_\_  
 Was the unit professionally installed?  Yes  No  
 If Yes, please provide installer's name and address: \_\_\_\_\_  
 \_\_\_\_\_  
 Is the unit installed to manufacturer's specifications?  Yes  No  
 Is it UL approved?  Yes  No  
 Where is the heating unit located (specify dwelling, outbuilding, garage, etc.)? \_\_\_\_\_  
 Is the unit used for:  Primary heat  Secondary heat  Sole heat source  
 When was the unit last inspected and/or cleaned? \_\_\_\_\_ By whom: \_\_\_\_\_  
 If it was not professionally cleaned, what devices were used? \_\_\_\_\_

**TYPE OF HEATING UNIT**

<input type="checkbox"/> Woodburning stove <input type="checkbox"/> Wood stove insert <input type="checkbox"/> Pellet stove <input type="checkbox"/> Kerosene heater	<input type="checkbox"/> Auxillary furnace attached to: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Coal furnace	<input type="checkbox"/> Fireplace insert, with direct connection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (describe) _____
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**WALL PROTECTION SURROUNDING THE UNIT**

**FLOOR PROTECTION BELOW THE UNIT**

<input type="checkbox"/> Brick <input type="checkbox"/> Drywall <input type="checkbox"/> Wood paneling <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Linoleum <input type="checkbox"/> Carpet <input type="checkbox"/> Other (describe) _____
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**DIMENSIONS (If free-standing heating unit/wood stove)**

Please provide the distance (in inches):

1. Side of unit nearest to wall: \_\_\_\_\_ in.
2. Rear of unit to wall: \_\_\_\_\_ in.
3. Bottom of unit to floor: \_\_\_\_\_ in.
4. Unit to edge of floor protection:
  - Sides: \_\_\_\_\_/\_\_\_\_\_ in.
  - Front: \_\_\_\_\_ in.
  - Rear: \_\_\_\_\_ in.

**ADDITIONAL INFORMATION**

Do you use a metal container for ash disposal?  Yes  No  
 Is there a fire extinguisher in the dwelling?  Yes  No

**I have reviewed the above information and it is correct as of the date signed.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**