

Shenandoah Mutual Fire Insurance Company

Woodstove Questionnaire

Insured's Name: _____

Policy No: _____

Inspected By: _____

Date: _____

1. Make: _____ Model: _____ Age: _____ Yrs. UL Label: Yes No

2. Stove type: Free standing radiant Fireplace insert

3. Installed by: Owner Contractor (Name): _____

4. Material used under stove: _____

5. Material used on wall nearest stove: _____

6. Room the stove is located: _____

7. Chimney type: Standard masonry with flue liner Nonstandard masonry Triple walled metal
U.L. approved metal Other: _____

For the following questions, provide further explanation when answering "No"

8. Is the stove is in good working condition:
Yes No: _____

9. Has the installation of the stove been inspected and complies with local ordinances:
Yes No: _____

10. Are there 2 or more bends in the flue pipe:
Yes No: _____

11. Is this the only heating appliance vented into this flue:
Yes No: _____

12. Are the chimney and stove pipes cleaned between each heating season:
Yes No: _____

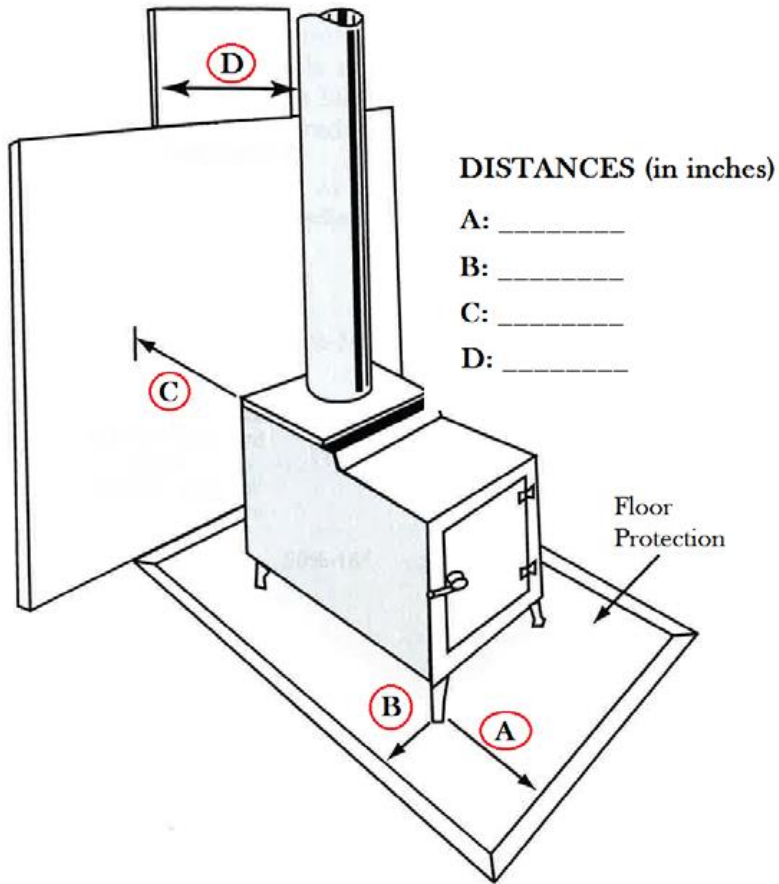
13. Is this the primary source of heat in the building:
Yes No: _____

14. When removing ashes, are they placed into a metal container and immediately moved outside away from any structures:
Yes No: _____

15. Are all furniture and combustible materials at least 48 inches from the stove:
Yes No: _____

16. Has the insured ever had a chimney fire: Yes No: _____

Please measure and fill in the distances below:



Remember to include a photo of the woodstove when uploading photos of dwelling to Shenandoah Mutual