

Named Insured: _____
Policy Number: _____
Expiration Date: _____

TURNER BARKER INSURANCE
ONE INDIA STREET
PORTLAND, MAINE 04101

SUPPLEMENTAL HEATING QUESTIONNAIRE

To be completed for risks containing Wood Burning Stove and/or Auxiliary (Monitor or other brand) Heaters.

STOVE

Type of Stove Installed: _____ Installed by: _____

Date Installed: _____ THERMOSTATICALLY Controlled: ___ Yes ___ No

Situated on: ___ Wood floor ___ Concrete Floor ___ Brick Hearth ___ Other(describe) _____

Stove Situated in: ___ Kitchen ___ Living Room ___ Finished Basement
___ Unfinished Basement ___ Other(describe) _____

DISTANCE from Stove to: Floor _____ Ceiling _____ Walls _____ **

****IF DISTANCE TO WALL IS LESS THAN 36", please described non combustible, protective materials used:**

****DISTANCE between Non Combustible Surface and Combustible Wall:** _____

If Situated in a MOBILE HOME, is the Stove "MOBILE HOME APPROVED"? ___ Yes ___ No

Kind of Wood Used: ___ Hardwood ___ Softwood ___ Mixed **Number of Cords Annually:** _____

How long have you burned wood? _____

Have you ever had any losses (fire, smoke, chimney, other) related to the use of a wood burning stove? _____

If yes, please provide details: date of loss: _____ type: _____ amount of loss: _____

describe repairs made: _____ repairs made by: _____

What percentage of your heating needs are derived from this source? _____

Do you have a smoke detector in your home? ___ yes ___ no

CHIMNEY

TYPE of Chimney used: ___ single brick ___ double brick ___ tile lined
___ factory built (UL listed ___ UL103 ___ UL103HT)
___ other (please described) _____

AGE of Chimney: _____ Has chimney been repointed? ___ no ___ yes (date) _____

Does stove connector penetrate the frame wall? ___ no ___ yes

How often is the chimney & stovepipe cleaned? _____ Date of last cleaning: _____

****Does each heat source have its own separate flue? ___ yes ___ no If not please describe below:**

AUXILIARY(MONITOR) HEATER

Type of Heater Installed: _____ Model # _____

Installed by: _____ Is Installer Manufacturer Certified? ___ yes ___ no

Fuel source location: (exterior tank _____) (portable interior tank _____)

Kind of fuel used: ___ K1 ___ K2 ___ Other (explain: _____)

How often is this unit cleaned/serviced? _____ Last Date: _____

I declare to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to provide coverage. I hereby agree to notify MMG Insurance Company or its agents if any of the information contained above changes at any time while I am covered by MMG Insurance Company.

DATE: _____ APPLICATION/INSURED SIGNATURE: _____