

LOUDOUN MUTUAL INSURANCE COMPANY
Woodstove Questionnaire

INSURED'S NAME: _____

POLICY NO (if assigned) _____

INSPECTED BY: _____

DATE: _____

1. Make & Model: _____ UL LABEL? yes no AGE? _____ Yrs

2. Stove is: free standing radiant fireplace insert

3. Installed by: Owner or Contractor (name of installer)? _____

4. Has installation been installed and inspected to comply with local ordinance? yes no

5. What type base material is under stove? _____

6. What is wall finish nearest stove? _____

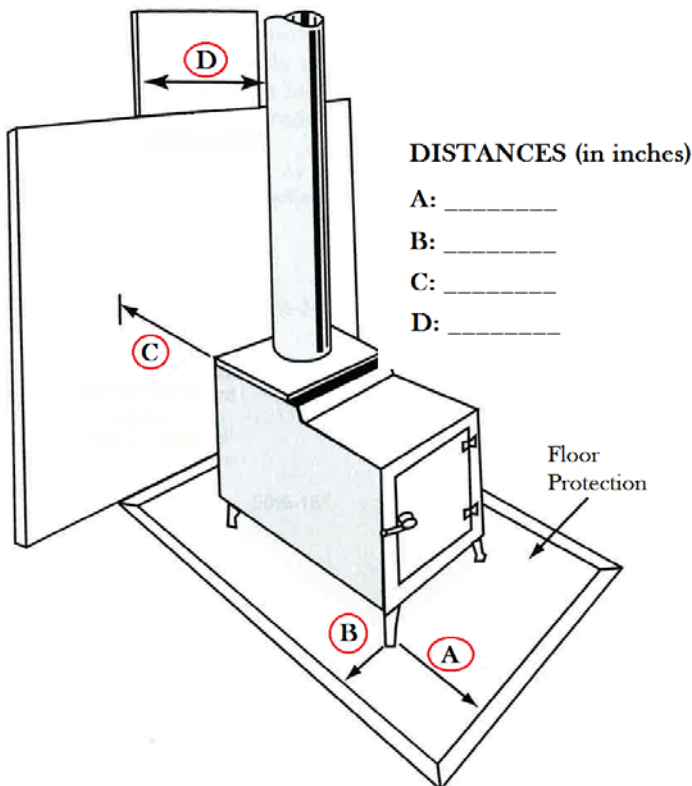
7. The stove or insert is located in what room or area? _____

8. Chimney is: standard masonry with flue liner nonstandard masonry triple walled metal
U. L. approved metal other

| | YES | NO |
|---|-------|-------|
| 9. Is this the only stove, furnace, or other heating appliance vented into this flue? | _____ | _____ |
| 10. Are the chimney and stove pipe checked and cleaned before each heating season and more frequently, if creosote or soot build up? | _____ | _____ |
| 11. Is there some primary source of heat in the building? Type of central heating system: <input type="checkbox"/> gas <input type="checkbox"/> oil <input type="checkbox"/> electric <input type="checkbox"/> other | _____ | _____ |
| 12. When ashes are removed, are they placed in a metal container and moved immediately outside in a safe area away from any structures? | _____ | _____ |
| 13. Have you ever had a chimney fire? | _____ | _____ |

GIVE AN EXPLANATION FOR ALL "NO" ANSWERS ON THE BACK OF THIS FORM.

PLEASE INDICATE CLEARANCE DISTANCES A,B, C, & D BELOW.



Please submit a photo of woodstove or insert with this report.