



THE PROVIDENCE MUTUAL FIRE INSURANCE COMPANY  
WOOD/COAL BURNING STOVE QUESTIONNAIRE

When a wood/coal burning stove is present in a home we ask that the following information be completed and returned in order to better determine installation requirements. The Providence thanks you in advance for your cooperation.

**POLICY NUMBER:** \_\_\_\_\_ **INSURED'S NAME:** \_\_\_\_\_

◆ **TYPE OF STOVE:**

FREE STANDING  FIREPLACE INSERT  PELLET STOVE  FURNACE   
OTHER: \_\_\_\_\_

◆ **IS THIS THE PRIMARY HEAT SOURCE?** YES  NO

◆ **MANUFACTURER:** \_\_\_\_\_

◆ **MODEL NAME:** \_\_\_\_\_ **UL APPROVED?** YES  NO

◆ **INSTALLED BY:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

◆ **INSPECTED BY BUILDING INSPECTOR:** YES  NO

◆ **LOCATION:**

NON-COMBUSTIBLE FLOORING: YES  NO   
36" CLEARING FROM "ALL" COMBUSTIBLE MATERIALS: YES  NO   
18" CLEARANCE BETWEEN THE STOVE PIPE AND ANY COMBUSTIBLE MATERIALS? (WALLS, FURNISHINGS, CEILINGS, STORED FUEL): YES  NO

◆ **VENT:**

IS VENT PIPE THROUGH: WALL  CEILING  FLOOR  CHIMNEY   
EQUIPPED WITH DRAFT REGULATOR OR DAMPER?: YES  NO

◆ **CLEANING:**

IS YOUR STOVE & STOVEPIPE &/OR CHIMNEY PROFESSIONALLY CLEANED? YES  NO   
HOW OFTEN IS VENT/CHIMNEY CLEANED?: \_\_\_\_\_  
DATE OF LAST CLEANING?: \_\_\_/\_\_\_/\_\_\_

◆ **PROTECTION:** **SMOKE DETECTORS:** YES  NO   
**FIRE EXTINGUISHER:** YES  NO

**INSURED'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_