



Named Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

## 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 \_\_\_ # of flues\*\*  
\_\_\_ 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: \_\_\_\_\_