

**WOOD/COAL BURNING &
SUPPLEMENTAL HEATING QUESTIONNAIRE**

Dear Valued Customer:

When a supplemental heating source is present in a home, we have special requirements that must be met. Please complete this questionnaire so that we may determine if your stove meets our requirements. Thank you in advance for your cooperation.

Sincerely,
The Commerce Insurance Company

Please provide the following information:

Named Insured: _____ Today's Date: _____

Policy Number: _____

1. Type of Stove:
- Free Standing Stove Fireplace Insert Wood Furnace Add On Pellet Stove
 Kerosene Heaters Monitor Heaters Other _____

Name of Stove: _____

UL Certified? Yes No

2. Was a building permit obtained prior to the installation of the appliance? Yes No
3. Was the unit installed in accordance with manufacturer's specifications? Yes No
4. Was the unit professionally installed by a licensed contractor, appliance distributor, or licensed expert, and/or inspected by the fire department or building inspector? Yes No
5. What is the age of the appliance? _____ Has it been recently inspected for cracks and/or air leaks? Yes No
6. Is the unit direct vented through an exterior wall or straight up through the roof?
 Yes No
7. If direct vented, has adequate piping been installed to provide proper clearance from roof overhangs and/or siding? Yes No

PLEASE TURN OVER FOR ADDITIONAL QUESTIONS

