



WISCONSIN INSURANCE PLAN

600 W Virginia St Ste 101
 Milwaukee, WI 53204
 Phone: 414-291-5353
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 www.wisinsplan.com

SOLID FUEL QUESTIONNAIRE

Policy#: _____

Named Insured: _____

Agent: _____

Property Location: _____

REQUIREMENTS

1. A photo of the wood/coal burning unit **MUST** be submitted with this Questionnaire.
2. Questionnaire and photo must be submitted within 10 days of application for insurance.

STOVE INFORMATION

LOCATION OF UNIT:

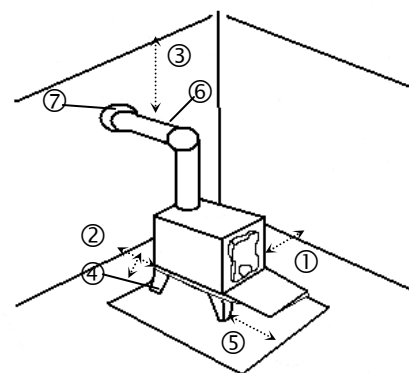
TYPE	<input type="checkbox"/> Radiant <input type="checkbox"/> Circulating <input type="checkbox"/> Franklin <input type="checkbox"/> Other (specify):
MAKE/NAME	By: _____ U.L. Approved?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
USE	<input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (specify):
INSTALLED	By: _____ Date: _____
FLOOR PROTECTION	<input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Other (specify below)
WALL PROTECTION	<input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asb. Millbrd <input type="checkbox"/> Other (specify below)

CHIMNEY & STOVE PIPES	CHIMNEY TYPE: <input type="checkbox"/> Factory <input type="checkbox"/> Masonry <input type="checkbox"/> Other (describe):
	How often checked for creosote build-up?
	Date Last Cleaned: _____ By Whom? _____
	Does vent pass through a combustible partition?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is protection thimble or sleeve used?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does pipe vent pass directly through the roof? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any other heating units vented to chimney?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
(describe below)	
Is stove vent system equipped with heat reclaiming unit or flue radiator? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CLEARANCES

1. Side of unit to nearest wall inches.
2. Rear of unit to wall inches.
3. Top of stovepipe to ceiling inches.
4. Bottom of unit to floor inches.
5. Front of unit to front edge of floor protection inches.
6. Size of stovepipe used inches.
7. Size of thimble or roof joist shield inches.

Do these distances comply with the manufacturer's standards?..... Yes No



MISCELLANEOUS

FUEL	<input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other (specify):
PREVENTION	Fire Extinguisher in Room?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL REMARKS

Signature: _____

Date Inspected: _____

PHOTO MUST BE ATTACHED