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Supplemental Heating Questionnaire

Named Insured _____

Policy # _____ Effective Date: _____

1. Make/Name of Unit? _____ Year Built? _____

2. Date Installed? _____ By Whom? _____

3. Installation Inspected by:

Municipal Bldg. Insp. Fire Dept. Other _____ Not Inspected

4. Location of unit, including room and floor level? _____

5. Is stove placed on non-combustible pad (include type of material)? _____

6. Surrounding walls: Combustible Non-Combustible Distance: _____ inches

7. Type of fuel used? _____

8. Use of stove: Primary heat source

Secondary – occasional use Cooking

Trash disposal Other _____

9. Chimney Construction: Brick Stone Cinder Block

Metal Other _____

10. Is chimney lined? Yes No

11. How often is the flue cleaned? _____

12. By whom? _____

13. Is the Flue shared with any other heating device? Yes No

Applicant's Signature: _____ Dated: _____

Applicant's Name (please print): _____