ACORD™ SOLID FUEL QUESTIONNAIRE
PERSONAL PROPERTY SUPPLEMENT

DATE

PRODUCER

CODE SUBCODE

AGENCY CUSTOMER ID

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)

COMPANY | ACCOUNT NUMBER

POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE

SOLID FUEL DEVICE

MANUFACTURER | BRAND NAME | MODEL NUMBER | FUEL

STOVE TYPE
☐ RADIANT ☐ CIRCULATING

DOES THE UNIT HAVE A TESTING LABORATORY LABEL? (UL, OTHER)
☐ YES ☐ NO

IS THE UNIT
☐ FREE STANDING ☐ FORCED AIR FURNACE ☐ CENTRAL HOT WATER ☐ FIREPLACE INSERT ☐ ADD ON ☐ HOMEMADE ☐ BARREL TYPE ☐ PELLET ☐ FIREPLACE ☐ OTHER (DESCRIBE):

CONSTRUCTION
☐ CAST IRON ☐ SHEET METAL ☐ PLATE STEEL ☐ OTHER

LOCATION
☐ BASEMENT ☐ FIRST FLOOR ☐ SECOND FLOOR ☐ OTHER (DESCRIBE):

YEAR DEVICE INSTALLED

WAS INSTALLATION DONE BY A PROFESSIONAL INSTALLER SUCH AS A CONTRACTOR?
☐ YES ☐ NO

INSTALLATION WAS INSPECTED BY
☐ FIRE DEPARTMENT ☐ LOCAL BUILDING INSPECTOR ☐ OTHER: ☐ NOT INSPECTED

HEATING USE
☐ TOTAL (ONLY HEAT SOURCE) ☐ PRIMARY (MAIN HEAT SOURCE) ☐ SUPPLEMENTAL ☐ OCCASIONAL

WHAT OTHER TYPE OF HEATING SOURCE IS USED?
☐ GAS ☐ OIL ☐ ELECTRIC ☐ OTHER (DESCRIBE):

IS THE DEVICE FREE FROM LARGE CRACKS AND/OR BROKEN PARTS?
☐ YES ☐ NO

CHIMNEY

IS THE STOVE VENTED INTO THE SAME CHIMNEY FLUE (DOUBLE VENTED) WITH A HEATING DEVICE USING A DIFFERENT TYPE FUEL? ☐ YES ☐ NO
IF YES, LIST OTHER DEVICE(S) AND WHERE EACH IS ATTACHED ON CHIMNEY

CHIMNEY CONSTRUCTION IS
☐ MASONRY, WITHOUT A LINER ☐ MASONRY, WITH A LINER ☐ METAL, TRIPLE WALL (CLASS A AND UL LISTED) ☐ METAL, DOUBLE WALL INSULATED (CLASS A AND UL LISTED) ☐ METAL, SINGLE WALL (CLASS A AND UL LISTED) ☐ OTHER:

IF MASONRY: DOES TILE FLUE LINING EXTEND FROM BELOW THE STOVEPIPE ENTRY POINT TO THE TOP OF THE CHIMNEY? ☐ YES ☐ NO

IF MASONRY: IS THE CHIMNEY BUILT FROM THE GROUND UP? ☐ YES ☐ NO

WAS THE CHIMNEY INSTALLED AFTER THE HOUSE WAS BUILT AND FOR THIS SOLID FUEL HEATING DEVICE? ☐ YES ☐ NO

IS CHIMNEY "COVERED WITH" OR "HIDDEN BEHIND" A COMBUSTIBLE WALL? ☐ YES ☐ NO
IF YES, GIVE DISTANCE FROM SMOKE PIPE TO EDGES OF OPENING IN THAT WALL OR COVER
_____ INCHES

DESCRIBE ANY THIMBLE OR MATERIAL PLACED TO PROTECT THE EDGES OF THAT OPENING

STOVE PIPE

STOVE PIPE IS
☐ SINGLE WALL METAL ☐ LABORATORY LISTED DOUBLE WALL OR INSULATED

DOES THE SMOKE PIPE FIT SNUG INTO THE CHIMNEY OPENING? ☐ YES ☐ NO

DOES THE SMOKE PIPE HAVE A "WASTE HEAT COLLECTOR/CIRCULATOR", "HEAT RECLAIMER", "CATALYTIC CONVERTER", "HEAT EXTRACTOR", OR CIRCULATING FAN? ☐ YES ☐ NO

ARE STOVE PIPE CONNECTIONS SECURELY FASTENED TO EACH OTHER WITH SCREWS AT EACH CONNECTION? ☐ YES ☐ NO

DOES THE SMOKE PIPE PASS THROUGH ANY INTERIOR COMBUSTIBLE WALL, CEILING, CLOSET, OR CONCEALED AREA? IF YES, CHECK ONE OF THE FOLLOWING: ☐ YES ☐ NO

☐ PASSES THROUGH A VENTILATED THIMBLE WITH A DIAMETER OF: _____ INCHES ☐ NO THIMBLE, DISTANCE FROM PIPE TO EDGES OF OPENING IS: _____ INCHES

UNIT CLEARANCES

DOES THE STOVE INSTALLATION AND USE CONFORM TO ALL OF ITS MANUFACTURER'S SPECIFICATIONS AND LOCAL FIRE CODES? ☐ YES ☐ NO
IF THERE ARE ANY VARIANCES, COMPLETE THE REMAINDER OF THIS SECTION AND EXPLAIN THE VARIANCES IN REMARKS.

DISTANCE FROM UNIT TO:

REAR WALL	LEFT WALL	RIGHT WALL	BOTTOM OF UNIT TO FLOOR	DIAMETER OF PIPE	FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION
FEET INCHES	FEET INCHES	FEET INCHES	FEET INCHES	INCHES	FEET INCHES

STOVE PIPE TO WALL	TOP OF PIPE TO CEILING	DIAMETER OF PIPE	SHORTEST DISTANCE FROM PIPE TO ANY WALL	TO THE CEILING	
FEET INCHES	FEET INCHES		FEET INCHES	FEET INCHES	

DISTANCE TO: FURNITURE, DRAPES, WOOD STORAGE OR OTHER COMBUSTIBLES FROM FRONT OF DEVICE
FEET INCHES

IS THERE PROTECTIVE MATERIAL ON
☐ WALLS ☐ FLOOR ☐ CEILING

IF YES, PLEASE DESCRIBE AND INDICATE WHETHER PROTECTIVE MATERIAL IS SPACED OUT AND IF SO HOW FAR

REMARKS:

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FIRE PROTECTION

IS THERE A FIRE EXTINGUISHER IN THE DWELLING?	☐	YES	☐	NO
IF YES, IS IT IN OPERATING CONDITION?	☐	YES	☐	NO
IS THERE A SMOKE DETECTOR IN THE DWELLING?	☐	YES	☐	NO
IS THERE A HEAT SENSOR IN THE DWELLING?	☐	YES	☐	NO
IS THERE A CARBON MONOXIDE (CO) DETECTOR IN THE DWELLING?	☐	YES	☐	NO

CLEANING

HOW OFTEN IS THE STOVE, CHIMNEY, AND STOVE/SMOKE PIPE CLEANED AND INSPECTED?	BY WHOM?	IS THIS PERSON A CERTIFIED CHIMNEY SWEEP? ☐ YES ☐ NO	DATE OF LAST CLEANING

WHAT TYPE OF CONTAINER IS USED TO DISPOSE OF THE ASHES?	WHERE ARE THE ASHES STORED?

PHOTOGRAPHS

1. ATTACH AT LEAST ONE PHOTO OF INTERIOR WITH STOVE INSTALLED, INCLUDE FLOOR PROTECTION
2. ATTACH AT LEAST ONE PHOTO OF EXTERIOR WITH CHIMNEY

SIGNATURE

SIGNATURE OF PERSON COMPLETING THIS FORM	DATE