

JK JOSEPH KRAR & ASSOCIATES, INC.

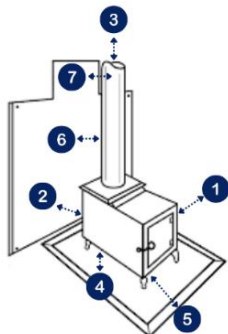
WOODSTOVE QUESTIONNAIRE

INSURED'S NAME: _____ POLICY #: _____ INSPECTED BY: _____ DATE: _____

1. MAKE: _____ MODEL: _____ AGE: ____ Yrs. UL LABEL: Yes No
2. STOVE TYPE: Free standing radiant Fireplace insert
3. USE: Primary Heat Secondary Heat Cooking Other (specify): _____
4. INSTALLED BY: Owner Contractor (name/date): _____
5. FLOOR PROTECTION: Asbestos Millboard Covered with Metal Metal Stone/Brick None Other: _____
6. WALL PROTECTION: Asbestos Millboard Covered with Metal Metal Asbestos Millboard None Other: _____
7. MATERIAL USED UNDER STOVE: _____
8. MATERIAL USED ON WALL NEAREST STOVE: _____
9. ROOM THE STOVE IS LOCATED: _____
10. TYPE OF CHIMNEY: Standard masonry with flue liner Nonstandard masonry Triple walled metal
 U.L. approved metal Other: _____
11. DATE CHIMNEY WAS LAST PROFESSIONALLY CLEANED: _____ BY WHOM? _____
12. DOES VENT PASS THROUGH COMBUSTIBLE PARTITION? Yes No
IF 'YES', IS PROTECTION THIMBLE OR SLEEVE USED? Yes No
13. DOES PIPE VENT PASS THROUGH THE ROOF? Yes No
14. ANY OTHER HEATING UNITS VENTED TO THE CHIMNEY? Yes No IF 'YES', PLEASE SPECIFY: _____
15. DOES STOVE VENT SYSTEM HAVE HEAT RECLAIMING UNIT OR FLUE RADIATOR? Yes No
16. FUEL: Wood Coal Other (specify): _____
17. DOES THE ROOM HAVE A FIRE EXTINGUISHER THAT COMPLIES WITH MANUFACTURER'S SERVICE GUIDELINES? Yes No
18. DOES THE ROOM HAVE A WORKING SMOKE ALARM? Yes No

19. IS THE STOVE IN GOOD CONDITION? Yes No
20. HAS THE STOVE INSTALLATION BEEN INSPECTED AND DOES IT COMPLY WITH LOCAL REGULATIONS? Yes No
21. DOES THE FLUE PIPE HAVE 2 OR MORE BENDS? Yes No
22. IS THIS THE ONLY HEATING APPLIANCE THAT VENTS INTO THIS FLUE? Yes No
23. DO THE CHIMNEY AND STOVE PIPES GET CLEANED BETWEEN EACH HEATING SEASON? Yes No
24. AFTER REMOVING ASHES, ARE THEY IMMEDIATELY PLACED IN A METAL CONTAINER AND TAKEN OUTSIDE, AWAY FROM ANY STRUCTURES? Yes No
25. IS THERE AT LEAST 48 INCHES BETWEEN THE STOVE AND ALL FURNITURE/COMBUSTIBLE MATERIALS? Yes No
26. HAS THERE BEEN ANY OCCURRENCE OF A CHIMNEY FIRE IN THE INSURED'S HISTORY? Yes No

IF YOU ANSWERED "NO" TO ANY OF THE QUESTIONS BETWEEN #19-26, PLEASE ELABORATE BELOW:



PLEASE MEASURE AND RECORD THE DISTANCES FOR EACH LABEL IN THE DIAGRAM

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| 1. SIDE OF UNIT TO NEAREST WALL: | _____ inches |
| 2. REAR OF UNIT TO BACK WALL: | _____ inches |
| 3. TOP OF STOVEPIPE TO CEILING: | _____ inches |
| 4. BOTTOM OF UNIT TO FLOOR: | _____ inches |
| 5. FRONT OF UNIT TO FRONT 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

PLEASE INCLUDE A PHOTO OF THE WOODSTOVE WHEN SUBMITTING DWELLING PHOTOS TO JOSEPH KRAR & ASSOCIATES, INC.