



Named Insured

## Farm & Ranch Request for Additional Information on Supplemental Heating Device

**Supplemental Heating Device (Woodstove)** - Provide a photograph of each unit

- Date of last inspection and cleaning – \_\_\_\_\_
- Did a licensed contractor professionally install the unit?
  - If No, who installed the unit and was it inspected by a licensed building inspector or Fire Department? \_\_\_\_\_
- Does the unit have a minimum distance of 36" of clearance to all flammable items?
- How often is the unit cleaned? \_\_\_\_\_ By Whom? \_\_\_\_\_
  - Where are the ashes placed? \_\_\_\_\_
- Is the unit a primary source of heat for the dwelling?  Yes  No
- Does the unit have a "UL" label?  Yes  No
- Are there fire extinguishers, smoke detectors and/or carbon monoxide detectors in the dwelling?  Yes  No