

Maine Mutual Fire Insurance Company
Presque Isle, Maine
Concord, New Hampshire

MMG-77 (2/95)

Supplemental Heating Questionnaire

To be completed for risks containing Wood Burning Stoves and/or Auxiliary (Monitor or other brand) Heaters.

STOVE

Type of Stove Installed _____ Installed by _____

Date Installed _____ THERMOSTATICALLY Controlled: ____ Yes ____ No

Situated on: ____ Wood Floor ____ Concrete Floor ____ Brick Hearth ____ Other(describe) _____

Stove Situated in ____ Kitchen ____ Living Room ____ Finished Basement
____ Unfinished Basement ____ Other (describe) _____

DISTANCE from Stove to: Floor _____ Ceiling _____ Walls _____ **

****IF DISTANCE to wall is less than 36", please describe non combustible, protective materials used _____**

****DISTANCE between Non Combustible Surface and Combustible Wall _____**

If Situated in a MOBILE HOME, is the Stove "MOBILE HOME APPROVED" ____ Yes ____ No

Kind of Wood Used ____ Hardwood ____ Softwood ____ Mixed

How long have you burned wood? _____ Have you ever had any losses (fire, smoke, chimney, other) related to the use of a wood burning stove? _____ If yes, please provide details:

(date of loss _____ type _____ amount of loss _____ describe repairs made _____ repairs made by _____)

What percentage of your heating needs are derived from this source? _____

Do you have a smoke detector in your home? ____ yes ____ no

CHIMNEY

TYPE of Chimney used ____ single brick ____ double brick ____ tile lined

____ factory built (UL listed ____ UL103 ____ UL103HT)

____ other (please describe) _____

AGE of Chimney ____ Has Chimney been Repointed ____ no ____ yes (date) _____

Does stove connector penetrate the frame wall? ____ no ____ yes

AUXILIARY/(MONITOR) HEATER

Type of Heater Installed _____ Model # _____

Installed by _____ Is Installer Manufacturer Certified? ____ yes ____ no

Fuel source location (exterior tank _____) (portable interior tank _____)

Kind of fuel used ____ K1 ____ K2 ____ Other (explain) _____

How often is this unit cleaned/serviced? _____ Last Date _____

I declare to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to provide coverage. I hereby agree to notify Maine Mutual Fire Insurance Company or its agents if any of the information contained above changes at any time while I am covered by Maine Mutual Fire Insurance Company.

DATE _____ APPLICANT/INSURED SIGNATURE _____