

CLASSIFICATION RESPONSES

10. DATE OF LOSS: _____ TYPE OF LOSS: _____ AMOUNT PAID: \$ _____
 DATE OF LOSS: _____ TYPE OF LOSS: _____ AMOUNT PAID: \$ _____

11. DESCRIBE ANIMALS: _____ HOW MANY? _____
 IF DOG, BREED: _____ PET OR GUARD DOG? _____

12. HORSE POWER _____ DOES INSURED CARRY SEPARATE BOAT POLICY? _____

13. OTHER THAN INITIAL SET UP MOVE, HOW MANY TIMES IN THE PAST YEARS HAS MOBILE HOME BEEN MOVED? _____

14. NAME OF COMPANY: _____ REASON: _____
 OTHER REMARKS: _____

17. HOW MANY ACRES? _____ WORKING FARM? YES NO ANY BUSINESS CONDUCTED ON PREMISES? YES NO - IF YES, PLEASE EXPLAIN: _____

ITEMS 15 - 18, EXPLAIN BELOW.

USE THIS AREA TO EXPLAIN UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

PAYMENT OPTIONS - DIRECT BILL	<input type="checkbox"/> FULL ANNUAL PREMIUM	<input type="checkbox"/> INSTALLMENT PLAN - 12 MONTHS ONLY 40% DOWN PAYMENT + \$5 INSTALLMENT FEE + \$10 POLICY FEE <i>(EXPENSE CONSTANT)</i> 30% + INSTALLMENT FEE DUE IN 30 DAYS 30% + INSTALLMENT FEE DUE IN 60 DAYS	AMOUNT ENCLOSED \$ _____	Gross payment must be submitted with application. (Agency check only.)
	<input type="checkbox"/> FULL SIX MONTHS PREMIUM			

WOODSTOVE INSPECTION REPORT

PHOTOGRAPHS MUST BE SUBMITTED SHOWING INSIDE AND OUTSIDE VENTING.

(If installed by manufacturer, do not complete.)

STOVE INFORMATION

DATE INSTALLED	INSTALLED BY	PURCHASE COST: \$
MAKE/NAME:	IS WOODSTOVE EQUIPPED WITH A HEAT RECLAIMING DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE: <input type="checkbox"/> Woodburning <input type="checkbox"/> Pellet <input type="checkbox"/> Free Standing <input type="checkbox"/> Zero Clearance	WHAT TYPE OF FUEL IS USED?	USE: <input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (Specify)
HOW OFTEN ARE CHIMNEY AND STOVE PIPES CLEANED?	DATE LAST CLEANED:	BY WHOM:

INSTALLATION INFORMATION (IF WOODSTOVE IS PRIMARY SOURCE OF HEAT OR DOUBLE VENTED, RISK IS UNACCEPTABLE.)

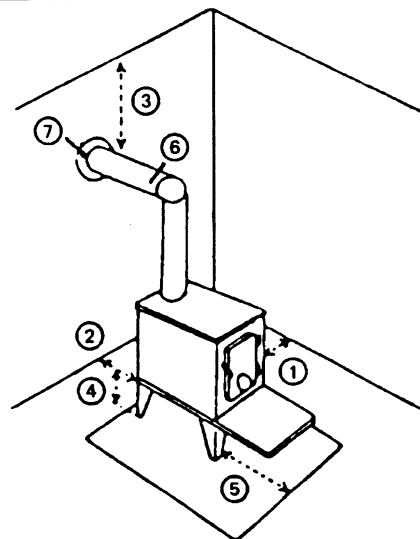
LOCATION OF STOVE IN HOME:	IS THERE A SMOKE DETECTOR IN THIS ROOM? <input type="checkbox"/> Yes <input type="checkbox"/> No
FLOOR PROTECTION: <input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Other (Specify)	
WALL PROTECTION: <input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos Millboard <input type="checkbox"/> Other (Specify)	IF NONE, IS THIS ACCEPTABLE WITH THE MANUFACTURER? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHIMNEY TYPE: <input type="checkbox"/> Factory Chimney <input type="checkbox"/> Masonry <input type="checkbox"/> Other (Describe)	HOW MUCH AIR SPACE BETWEEN WALL PROTECTION AND COMBUSTIBLE WALL? _____ INCHES

CLEARANCES

1	_____ INCHES	SIDE OF UNIT NEAREST TO WALL
2	_____ INCHES	REAR OF UNIT TO WALL
3	_____ INCHES	TOP OF STOVE PIPE TO CEILING
4	_____ INCHES	BOTTOM OF UNIT TO FLOOR
5	_____ INCHES	FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION
6	_____ INCHES	SIZE OF PIPE USED
7	_____ INCHES	SIZE OF THIMBLE OR ROOF JOIST SHIELD

DO THESE DISTANCES COMPLY WITH THE MANUFACTURERS STANDARDS? Yes No

REMARKS:



APPLICATION MUST BE COMPLETED IN FULL, INCLUDING REVERSE.