

LOCATION

Distance of Unit To Fire Hydrant: _____ Feet. Distance of Unit To Fire Department: _____ Miles.

Is Mobile Home Located Inside City Limits? Yes No

In Mobile Home Park? Yes No If Yes, Number of Occp. Spaces: _____ Paved Streets? Lighted Streets? Full Time Resident Manager?

On Private Property? Yes No Number of Acres: _____ Or Mobile Home Lot? Yes No

Type of Park (Elite Program Only): Preferred Standard Other

CLASSIFICATION RESPONSES

7. Date of Loss: _____ Type of Loss: _____ Amount Paid: \$ _____

Date of Loss: _____ Type of Loss: _____ Amount Paid: \$ _____

8. Describe Animals: _____ How Many? _____

If Dog, Breed: _____ Pet or Guard Dog? _____

9. Name of Company: _____ Reason: _____

Other Remarks: _____

12. Is there a fence around the swimming pool made out of suitable material to a height of at least 4½ feet? Yes No

Does the fence have a self-closing gate? Yes No is it an above ground pool? Yes No If Yes, Value: \$ _____

REMARKS

Use this area to explain underwriting information, list additional applicants or lienholders, and for general comments or instructions.

WOODSTOVE INSPECTION REPORT

PHOTOGRAPHS MUST BE SUBMITTED SHOWING INSIDE AND OUTSIDE VENTING.
(If installed by manufacturer, do not complete.)

STOVE INFORMATION

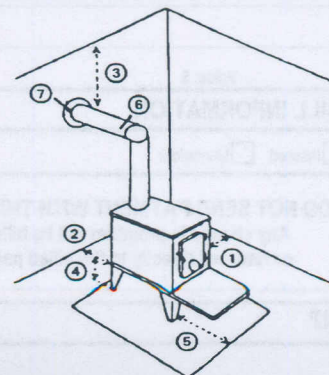
DATE INSTALLED	INSTALLED BY	PURCHASE COST: \$
MAKE/NAME:		IS WOODSTOVE EQUIPPED WITH A HEAT RECLAIMING DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE: <input type="checkbox"/> Radiant <input type="checkbox"/> Jacketed <input type="checkbox"/> Circulating	WHAT TYPE OF FUEL IS USED?	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) _____	IF NONE, IS THIS ACCEPTABLE WITH THE MANUFACTURER? <input type="checkbox"/> Yes <input type="checkbox"/> No
WALL PROTECTION: <input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos Millboard <input type="checkbox"/> Other (Specify) _____	HOW MUCH AIR SPACE BETWEEN WALL PROTECTION AND COMBUSTIBLE WALL? _____ INCHES
CHIMNEY TYPE: <input type="checkbox"/> Factory Chimney <input type="checkbox"/> Masonry <input type="checkbox"/> Other (Describe) _____	

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: