



# Evanston Insurance Company

## Supplemental Heating Application

Applicant to complete this application for any solid fuel burning appliance including wood, pellet, and coal stoves. Complete one application for each stove and submit with two photos of the stove.

### Applicant information:

Current Evanston policy number:

Name of applicant:

Location address (street, city, state & zip):

Application completed by:

- Building inspector    Fire department member    Licensed contractor    Applicant    Other (please specify)

### Stove information:

1. What structure is the stove located in?

- Main dwelling    Attached garage    Detached garage    Pole barn  
 Outside stove (please specify distance from any structures)    Other (please specify)

2. Make/name of stove

3. Year stove was manufactured

4. Is the stove U.L. listed?  Yes    No    Unknown

5. Is the stove EPA-certified?  Yes    No    Unknown

6. How is the stove used?

- Primary heat (no other furnace)    Primary heat (with furnace backup)    Supplemental heat (occasional use)  
 Cooking    Trash burning    Other (please specify)

7. Type of fuel used:

- Wood    Pellet    Coal    Other (please specify)

8. If wood stove, specify type:

- Circulating    Radiant    Franklin    Unknown    Other (please specify)

### Installation information:

1. Stove installed by:

- Factory    Appliance distributor    Licensed contractor    Applicant    Unknown  
 Other (please specify)

2. Date stove installed:

3. Installation inspected by:

- Building inspector    Fire department    Licensed contractor    Applicant    Unknown  
 Other (please specify)

4. Type of protective floor pad under stove (if any or check N/A):	<input type="checkbox"/> N/A
5. Type of protective wall material surrounding stove (if any or check N/A):	<input type="checkbox"/> N/A
6. How is stovepipe vented? <input type="checkbox"/> Directly through roof <input type="checkbox"/> Directly through wall <input type="checkbox"/> Into a chimney (specify chimney construction material)	
7. Is the stovepipe vented into the same flue or chimney as another unit or furnace? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, please explain)	
8. Is the stove vent system equipped with a heat reclaiming unit or flue radiator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Maintenance information:</b>	
1. How often are the chimney, flue and vent pipe cleaned?	
2. Date of last cleaning:	
3. Last cleaned by (specify name of individual or company):	
<b>Clearance information:</b>	
1. Does installation and clearance comply with the manufacturer's requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2. Distance from left side of stove to nearest wall (please specify in inches):	
3. Distance from right side of stove to nearest wall (please specify in inches):	
4. Distance from rear of stove to wall (please specify in inches):	
5. Distance between stove and any combustible kindling, firewood, furniture, drapes, carpet, etc. (please specify in inches):	
6. Distance protective floor pad extends in front of fuel loading door (please specify in inches):	
<b>Applicant's statement:</b>	
<i>By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.</i>	
Applicant's signature:	Date:
Producer's signature:	Date: