FARM SUPPLEMENTAL HEATING QUESTIONNAIRE

(for space heaters or free-standing stoves)

Insured _____

Agency Name _____

Portable Unit _____ Permanently installed _____

In which room is the unit(s) located? _____

What type fuel? ☐ Wood ☐ Kerosene ☐ Natural Gas ☐ Oil Other _____

1. Is the unit U.L. listed? ☐ Yes ☐ No

2. Who is the manufacturer? _____

3. Was it installed by a professional? ☐ Yes ☐ No

   Installers Name _____

4. Are proper clearances being maintained between the heating device and any combustible materials? ____

   Distance (in inches) from: _____ Rear wall _____ Front wall
   _____ Left side wall _____ Right side wall
   _____ Floor _____ Ceiling

5. If electric heaters are used, do they have built-in safeguards such as: Tip-over switches, grounded plugs, signal lights or sealed-in heating elements? _____ Are there any extension cords used? _____

6. Is the stove and chimney pipe inspected and cleaned at regular intervals, at least once a year? _____

7. Are there smoke detectors in the area where the heating device is installed? _____

8. Are there adequate fire extinguishers available in the area where the heating device is used? _____

9. Type of floor beneath heating device? _____

Applicant Signature _____ Date _____

Agent Signature _____ Date _____