



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 800-478-9880

WOODBURNING STOVE SUPPLEMENTAL APPLICATION

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____ Date of Birth: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ County: _____

Residential Telephone Number: _____ Fax: _____

Physical Location (if different): _____

Inspection Date: _____ Did the unit pass inspection? Yes No

If not, please explain: _____

Inspector's name, company, and contact info: _____

B. Unit Information

Woodburning Stove

Type of Stove: Homemade Manufactured (List year, make, model, type) _____

Location of stove: _____ Other sources of heat: _____

UL Certified: Yes No DEQ Certified: Yes No EPA Certified: Yes No

If yes, please list certification type, date, and number: _____

Who installed unit: _____ Installation Date: _____

Chimney

Type of chimney (specify if metal): _____

Previous openings sealed with metal stops?: Yes No

How often maintained/cleaned?: _____ Last maintenance/clean date: _____

Any damages, chimney fires, cracks, holes, repairs needed during life of chimney? Yes No

If so, explain: _____

Are there separate flues? Yes No

How many heating units/appliances connected to each individual chimney?: _____

Please explain: _____

Stovepipe

Total length of stovepipe: _____

Number of elbows: _____

Areas stovepipe passes through (i.e. floors, closets, ceilings, walls, etc.): _____

Any rusting, corroding, charring, creosote, or other damages? Yes No

Please list: _____

Is thimble installed? Yes No If yes, does it fit tightly with stovepipe? Yes No

Is a heat reclaimer or extractor attached? Yes No

Is the area clear of any flammable or combustible items/material? Yes No

If no, explain: _____

Layout

Type of floor and floor covering: _____

Is a protective floor pad needed? Yes No

*If so, distance pad extends from: Loading side: _____ All other sides: _____

***If pad is required then must extend at least 18 inches in front of loading door and 8 inches on all other sides.**

Clearances – Please measure and note the clearances around the woodburning stove below:

Stove to floor: _____

Stove to ceiling: _____

Pipe to ceiling: _____

Stove to each wall: _____

Pipe to each wall: _____

C. Required Underwriting Information (please attach relevant photos and/or supporting documentation):

- Photos clearly showing:
 - Woodburning stove, chimney, and stovepipe;
 - Floor layout;
 - Stove and pipe distance to floor, ceiling, and walls; and
 - Pipe connection to chimney;
- Inspection records
- Certificates

Please attach any additional helpful information.

****Supplemental questions and a discussion call with the insured will be required for formal terms****

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print Name Print Name