



Solid Fuel Burning Appliance Supplemental Application

This application must be completed when a solid fuel burning appliance (SFBA) is present at the insured location

	Yes	No
Is the SFBA the primary heat source?		
Is the SFBA U.L. listed?		
Is the distance to the nearest wall greater than 18 inches?		
Is the SFBA standing on a non-combustible pad?		
Was the chimney last cleaned within the past twelve (12) months?		
Was the SFBA installed by a professional?		

Applicant's Statement

By signing below, I confirm that all the answers to the above questions and the information provided are correct and accurately reflect the Solid Fuel Burning Appliance information described. I further understand that the placement of coverage is contingent on the accuracy of these representations.

Applicant's signature:	Date

Producer's signature:	Date