



Agent Name, Address and Telephone Number:

**GLOBAL INSURANCE ALLIANCE INC.**

WP

13633 N. Catclaw Ct. Fountain Hills, AZ 85268  
480-816-5665 (Fax) 480-837-5641 www.globalinsaz.com

**EQUINE FARM APPLICATION**

*(NOTE: This is not a binder. Incomplete or unsigned applications will be returned for completion)*

<i>Producer</i>	Name and Address (include Zip Code)	Agency Code: 8001_____
	GLOBAL INSURANCE ALLIANCE, INC. 13633 N. Catclaw Ct. Fountain Hills, AZ 85268	Agency Phone Number: 480-816-5665 Agent's Fax Number: 480-837-5641 Agent's Email: www.globalinsaz.com Agent's License #: AZ 119780

<i>Transaction</i> Agent Completes This Box	<input type="checkbox"/> New Business	<input type="checkbox"/> Quote	<input type="checkbox"/> Agency Bill	Effective Date: To	Quote desired by:
	<input type="checkbox"/> Renewal	<input type="checkbox"/> Issue	<input type="checkbox"/> Direct Bill		

<i>Applicant</i>	Name and Address (include County and Zip Code)	<b>APPLICANT IS:</b> <input type="checkbox"/> Individual/Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other-Define
	_____ _____ _____ FARM NAME: _____ PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____ E-MAIL: _____	

<i>Insured Location</i>		LEGAL DESCRIPTION (Section, Township, Range, County, State)	Note Operations Conducted At Each Location
Location #	Acres		

Name and Address of Mortgagee	Name and Address of Loss Payee
_____	_____
_____	_____
_____	_____
_____	_____
* Note buildings applicable to	- * Note items applicable to

**GENERAL RISK INFORMATION**

1. Are horse operations the main source of income? Yes No Years of experience? \_\_\_\_\_ Other sources:  
\_\_\_\_\_
2. Describe the horse operations: \_\_\_\_\_  
\_\_\_\_\_  
Number of years experience with horses? \_\_\_\_\_ Number of years experience at this location/operations?  
\_\_\_\_\_
3. Describe farm operations other than horses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Any non-farm operations? Yes No If yes, please explain: \_\_\_\_\_
5. Number of farm employees: \_\_\_\_\_ Number of domestic employees: \_\_\_\_\_  
Do you have Worker's Compensation coverage? Yes No Carrier: \_\_\_\_\_ Policy Number:  
\_\_\_\_\_
6. Identify all buildings that have protective devices (smoke/burglar alarms, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
7. Is any property leased to others? Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. What is the nearest responding fire department or district name? \_\_\_\_\_  
 Manned  Volunteer Distance from premises: \_\_\_\_\_ Distance from nearest hydrant: \_\_\_\_\_
9. Any buildings over 20 years old? Yes No If yes, dates and details of renovations and/or improvements:  
\_\_\_\_\_  
\_\_\_\_\_
10. Is there a swimming pool on the premises? Yes No Fenced? Yes No  
Used by anyone other than the applicant? Yes No Explain: \_\_\_\_\_
11. Is main dwelling occupied year round? Yes No If no, please provide details: \_\_\_\_\_  
\_\_\_\_\_
12. Are dogs owned by the applicant? Yes No If yes, how many: \_\_\_\_\_ Breed: \_\_\_\_\_  
Any past incidents? (i.e. bites, attacks, etc.) Yes No If yes, explain: \_\_\_\_\_

**Type-Building Classification is completed by the Agent**

**Cause of Loss:** Basic or Broad or Special / Construction: Frame or Masonry, or Non-Combustible, or Fire-Resistive

**Valuation (value):** Coverage A & B is Replacement Cost (RC) subject to 80% co-insurance / Coverage C is Actual Cash Value (ACV), RC may be offered on Coverage C by requesting FP0436

DWELLING(S)													
Limits of Insurance * Please note the following % of cov. A included: B-10%, C-50%, D-10%													
Loc No.	A. Dwelling	B. Appurtenant Structure	C. Personal Property (\$)	C. Value ACV or RC	D. Loss of Use	Type Bldg. Class	Cause of Loss	Construction	Year Built	Sq. Ft.	Type Heat	Occupant	Company Use Prot. Class



*Schedule all items with complete description above or on a separate sheet of paper for coverage FP 04 61, Scheduled Personal Property. An appraisal less than three years old must accompany this application for all items \$5,000.00 and over, per item.*

**COVERAGE E – FARM PERSONAL PROPERTY**

Description	Serial #	Year	Make	Model	Insurable Value (\$)
Tractor					
Tractor					
Tractor					
Tractor					
Mower					

Quantity    Insurable Value(\$)

Baler		
Bale Loader/Hay		
Chopper – Sileage		
Cultipacker		
Disc		
Feed Grinder/Mixer		
Fertilizer Spreader		
Grain Auger		
Gravity Wagon		
Manure Spreader		
Mower/Conditioner		
Planter		
Plow		
Post Hole Digger		
Hay Rake		
Rotary Hole		

Quantity    Insurable Value(\$)

Sprayer		
Wagon		
Tack (List items over \$1,000)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Miscellaneous Equip		
List Any Other Farm Personal Property Items		
_____		
_____		
_____		
_____		
_____		

**FARM COMPUTER COVERAGE FP 04 08**

	Description	Limit Of Insurance
Scheduled Hardware	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Scheduled Software	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<i>TOTAL LIMIT</i>		\$ _____

**LIABILITY COVERAGE / Coverage H: Bodily Injury And Property Damage Liability  
Coverage I: Personal And Advertising Injury Liability**

- Check If You Want To Decline Personal And Advertising Injury Liability Coverage; or**  
 **Check If You Want To Decline Advertising Injury Liability Coverage**

<b>LIMITS OF LIABILITY (Occurrence/Aggregate) - Please check only one limit:</b>		
<input type="checkbox"/> \$300/\$600	<input type="checkbox"/> \$500/\$1,000	<input type="checkbox"/> \$1,000/\$2,000

*Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Higher Limits for Medical Payment Coverage Can Be Quoted In Most States upon Request*

Location Number	Acres	Number of Dwellings	Number of Structures	Insured's Interest

Additional residence (non-farm) maintained by insured: \_\_\_\_\_

Additional residences (non-farm) rented to others: \_\_\_\_\_

Business or professional office (non-farm) type: \_\_\_\_\_

Custom farming: Type \_\_\_\_\_ Receipts: (\$) \_\_\_\_\_

Watercraft:  Owned  Leased / Length: \_\_\_\_\_ H.P.: \_\_\_\_\_ (NOTE: Watercraft over 50 feet not eligible for coverage)

Snowmobile:  Owned  Leased / Make \_\_\_\_\_ Model \_\_\_\_\_

All terrain vehicles:  Owned  Leased Number owned or leased: \_\_\_\_\_ Number of wheels: \_\_\_\_\_

**Additional Insureds - (must have financial control over applicant to be considered)**

Name: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EQUINE UNDERWRITING AND SAFETY INFORMATION**

1. Are you the primary manager of your facility? Yes No  
If no, what is the manager's name: \_\_\_\_\_, age: \_\_\_\_\_, years experience: \_\_\_\_\_

2. Is there 24 hour supervision of the facility? Yes No? Please explain the supervision: \_\_\_\_\_

3. Yes No Are emergency numbers clearly posted?  
Yes No Are Safety and Barn rules posted at the facility?  
Yes No Is game hunting permitted on the premises?  
Yes No Are 'no smoking' signs clearly posted?  
Yes No Are there smoke alarms in your barn?  
Yes No Are State Equine Liability signs clearly posted (if applicable)?

Yes  No  
 Yes  No

Do you have all clients sign a current waiver? (Enclose sample copies of all waiver forms)  
 Are shoes with heels required for all riders?

4. Are ASTM or equivalent helmets required while mounted? (check box below)

- By Everyone ALL OF THE TIME
- 18 and under ALL OF THE TIME
- Everyone while jumping and/or doing speed work
- Only 18 and under while jumping and/or speed work
- Never required.

Why? \_\_\_\_\_  
 \_\_\_\_\_

Are any other safety procedures or gear used? \_\_\_\_\_  
 \_\_\_\_\_

5. Do you lease any part of any building or land to or from someone? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

6. Fencing: Is all fencing in good condition?  Yes  No. Type of fencing used: \_\_\_\_\_  
 \_\_\_\_\_

How often is the fencing checked?  Daily  Weekly  Monthly  Never

Has an animal ever escaped? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**SUMMARY OF HORSES AT PEAK SEASON**

Check If No Exposure

*If horse is used for more than 1 activity, count only primary use*

	Receipts (\$)	Payroll (\$)	Number Owned	Number Non-Owned
Rentals/Trail Rides				
Riding Instructions				
Breeding (Stallions _____ Mares _____)				
Personal Use (Pleasure/Show)				
Race Horses (in training or at track)				
Sales prep or conditioning				
Yearlings/Weanlings				
Boarded/Pastured				
Any other use: _____				
<b>Totals:</b>				

What is area of Barns: \_\_\_\_\_, Stables: \_\_\_\_\_, Indoor Arenas: \_\_\_\_\_, Outdoor Arenas: \_\_\_\_\_

Are any apartments over or attached to barn or farm buildings?  Yes  No

Number: \_\_\_\_\_ Tenant: \_\_\_\_\_ Employee: \_\_\_\_\_

**BOARDING/BREEDING/TRAINING**

Check If No Exposure

1. What is the maximum number of horses boarded? \_\_\_\_\_; Monthly boarding rate \$ \_\_\_\_\_  
 Annual Gross Receipts \$ \_\_\_\_\_

2. What is the maximum number of non-owned horses in show training? \_\_\_\_\_  
Monthly training rate \$ \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
3. What is the maximum number of non-owned breeding stallions? \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
4. What is the maximum number of non-owned mares? \_\_\_\_\_  
Do mares stay on your premises until after foaling? Yes No
5. What is the maximum number of non-owned racehorses or racehorses in training? \_\_\_\_\_
6. Maximum number of non-owned racehorses you train for others? \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
7. Do you sell horses as an agent for others? Yes No  
How many horses do you sell annually that are: owned by you? \_\_\_\_\_; owned by others? \_\_\_\_\_  
Average value of horses sold and owned by you \$ \_\_\_\_\_; owned by others \$ \_\_\_\_\_  
Do you sell horses at the Insured Location on Page 1? Yes No  
Do you allow buyers to ride the horse prior to purchasing? Yes No
8. Do you desire coverage for non-owned horses in your Care, Custody and Control? Yes No  
(Separate application required)

\_\_\_\_\_  
(please initial)

## EQUESTRIAN RIDING INSTRUCTION

Check If No Exposure

1. Number of years experience as a riding instructor: \_\_\_\_\_  
Do you hold any national officiating/judging/and/or instructors licenses? Yes No  
If yes, give details and competition experience: \_\_\_\_\_  
\_\_\_\_\_
2. Maximum number of school horses available: \_\_\_\_\_; Maximum number used at one time: \_\_\_\_\_  
Yearly gross receipts \$ \_\_\_\_\_ for riding instruction on school horses.
3. Do you give instructions to students on their own horses? Yes No  
If yes, number of students per week: \_\_\_\_\_; Yearly gross receipts \$ \_\_\_\_\_
4. What riding discipline do you instruct? \_\_\_\_\_
5. Do you attend off-premises shows with any of your students? Yes No  
How many times a year? \_\_\_\_\_; Gross annual receipts \$ \_\_\_\_\_
6. Do you hold clinics for non-students? Yes No, how many? \_\_\_\_\_, average attendance: \_\_\_\_\_  
What are the dates? \_\_\_\_\_; Gross receipts \$ \_\_\_\_\_
7. Do you operate a day camp or an overnight camp? Yes No; Yearly gross receipts \$ \_\_\_\_\_  
*If answered yes, a Camp Supplement Form must be completed and submitted prior to quoting.*
8. Do you provide riding for the handicapped? Yes No; If yes, annual gross receipts \$ \_\_\_\_\_  
Are sidewalkers used? Yes No  
Is your facility fully accredited by the North America Handicapped Riding Association (NAHRA)? Yes No  
If you answered no, is your facility a member of NAHRA? Yes No  
Total number of students/lessons per week: \_\_\_\_\_; How many weeks per year? \_\_\_\_\_

**NOTE - Answer the following if different from #2 above:**

Maximum number of horses available for the handicapped \_\_\_\_\_; Maximum number used at one time: \_\_\_\_\_

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**INDEPENDENT TRAINERS AND INSTRUCTORS** Check If No Exposure

1. Do independent trainers utilize your facility? Yes No  
Do all independent trainers carry their own insurance? Yes No

*IF YES, PROOF OF COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THOSE YOU CARRY. THEY MUST NAME YOU AS ADDITIONAL INSURED UNDER THEIR POLICY. INDEPENDENT INSTRUCTORS OR TRAINERS THAT DO NOT CARRY THEIR OWN INSURANCE WILL BE ADDED AS AN ADDITIONAL INSURED TO YOUR POLICY FOR ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISE SHOWS WITH HORSES AND/OR RIDERS IN TRAINING.*

**NAMES OF INDEPENDENT INSTRUCTORS AND ADDRESS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Age: \_\_\_\_\_, years experience in current class instructing: \_\_\_\_\_  
Any licenses or certificates for training? Yes No, if yes, give details: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Age: \_\_\_\_\_, years experience in current class instructing: \_\_\_\_\_  
Any licenses or certificates for training? Yes No, if yes, give details: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Age: \_\_\_\_\_, years experience in current class instructing: \_\_\_\_\_  
Any licenses or certificates for training? Yes No, if yes, give details: \_\_\_\_\_

How many horses are provided for lessons by independent instructors: \_\_\_\_\_; gross receipts \$ \_\_\_\_\_  
Gross receipts for instructions to students on their own horses \$ \_\_\_\_\_  
Number of boarded horses trained by independent trainers: \_\_\_\_\_

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**PREMISES SALES OPERATIONS BY YOU** Check if no exposure

Horses: Types and Breed: \_\_\_\_\_ Maximum Number Sold \_\_\_\_\_  
Annual: \_\_\_\_\_  
Method of sales: \_\_\_\_\_ Receipts: (\$) \_\_\_\_\_  
Food or snack bar: \_\_\_\_\_ Receipts: (\$) \_\_\_\_\_  
Tack and/or clothing: \_\_\_\_\_ Square footage used: \_\_\_\_\_  
Receipts: (\$) \_\_\_\_\_ Payroll: (\$) \_\_\_\_\_

**HAY OR FEED**

Do you cut and bale? Yes No If 'Yes', please provide receipts(\$) \_\_\_\_\_  
Do you prepare or mix feed? Yes No If 'Yes', please provide receipts:(\$) \_\_\_\_\_  
Any horseshoeing? Yes No If 'Yes', please explain: \_\_\_\_\_ Annual Receipts(\$) \_\_\_\_\_

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**HAYRIDES** Check if no exposure

Annual Number of Wagon, Sleigh, or Hayrides: \_\_\_\_\_; Maximum Number of passengers: \_\_\_\_\_

Total Annual Receipts: (\$) \_\_\_\_\_; any off-premises exposure? Yes No

If 'Yes', please explain: \_\_\_\_\_  
\_\_\_\_\_

**SHOWS**

Check if no exposure

1. Total number of show dates: \_\_\_\_\_; gross annual receipts \$ \_\_\_\_\_  
Average number of competitors on grounds per show day: \_\_\_\_\_  
Maximum number of spectators per day: \_\_\_\_\_; list actual show dates: \_\_\_\_\_  
Number of years hosting shows: \_\_\_\_\_; years hosting at this location: \_\_\_\_\_  
Are shows sanctioned? Yes No; By  
Who? \_\_\_\_\_  
If no, name any other National Organization that sanctions the shows: \_\_\_\_\_

**Do you secure releases from all entrants?** Yes No (If yes, please attach a sample copy)

**Do you have an EMT present at all shows & clinics?** Yes No

**If yes, do you obtain proof of Insurance or a certificate of insurance from the EMT?** Yes No

2. Do you manage any hunts or racing events? Yes No; if yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

3. Do you own/use any hounds for hunts? Yes No; if yes, how many hounds? \_\_\_\_\_

4. If any shows involve rodeos, please describe type of events: \_\_\_\_\_  
\_\_\_\_\_

5. Describe any other type of events or operations that are not mentioned above: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: COVERAGE IS NOT PROVIDED FOR INJURY TO PARTICIPANTS IN HORSE RACES RODEOS, RODEO-TYPE EVENTS, HUNTS, AND POLO MATCHES/PRACTICES.**

DESCRIBE ANY SPECIAL SAFETY FEATURES OR PROGRAMS ABOUT ANY OF YOUR OPERATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APART FROM OPERATIONS MENTIONED ABOVE, PLEASE LIST AND EXPLAIN FULLY ANY OTHER OPERATIONS CONDUCTED ON PREMISES OR UNDER YOUR NAME AS LISTED ON THIS APPLICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE – 3 YEARS**

Company	Premium	Policy Number	Dates	Number of Claims	Losses

Explain any losses: \_\_\_\_\_  
\_\_\_\_\_

Have you been cancelled or non-renewed in the past 3 years? Yes No If 'Yes', please give reason:

\_\_\_\_\_

PLEASE NOTE THE FOLLOWING:

- 1) All Applications Must Be Signed And Dated By The Applicant – See Page 10
- 2) Turn To Page 11 – All Buildings To Be Insured Must Be Shown On This Page
- 3) Turn To Page 12 – Only Coverages Checked Off On This Page Will Be Considered For Quoting. (Certain Coverage(s) May Not Be Available In All States Or Eligible For Certain Risks.

**Agent's Use Only**

How long have you known the applicant? \_\_\_\_\_ When were the premises last inspected by your agency? \_\_\_\_\_

Please note any additional information about the risk (attach a separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

**FRAUD NOTICES AND APPLICANT'S SIGNATURE**

**STANDARD:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Warning: Any person who knowingly, and with intent to defraud any insurance

company or any person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.





- FL 00 20 Farm Liability Coverage
  - FL 04 06 Additional Residence Rented To Others
  - FL 04 07 Additional Insured & Residence Premises
  - FL 04 32 Additional Insured—Excutors, Administrators, Trustees, or Beneficiaries
  - FL 04 50 Additional Insured—Farm Liability
  - FL 04 71 Owned Snowmobile Coverage
  - FL 04 83 Watercraft
- 
- FL 10 07 Exclusion—Products and Completed Operations
  - FL 75 01 Care, Custody, Or Control (Legal Liability Coverage On Non-Owned Horses)
  - FL 75 02 Additional Insured—Specified Party

**WOOD/COAL BURNING DEVICE QUESTIONNAIRE**

Name of Insured	Policy Number	Today's Date
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We appreciate your business. When a wood burning stove is present in a home, we have special requirements that must be met. Please complete this questionnaire so that we may determine if your wood stove meets our requirements. Thank you

1. Type of stove: \_\_\_\_\_ Last date cleaned: \_\_\_\_\_  
 \_\_\_\_\_ Free Standing Stove  
 \_\_\_\_\_ Fireplace Insert  
 \_\_\_\_\_ Pellet Stove  
 \_\_\_\_\_ Wood Furnace Add-On  
 \_\_\_\_\_ Other: \_\_\_\_\_  
 Name of Stove: \_\_\_\_\_  
 \_\_\_\_\_ By whom? \_\_\_\_\_
  
2. Who installed you stove?  
 \_\_\_\_\_ Dealer  
 \_\_\_\_\_ Professional Heating Contractor  
 \_\_\_\_\_ Local Handyman  
 \_\_\_\_\_ Self  
 \_\_\_\_\_ Other: \_\_\_\_\_
  
3. Is your stove and stovepipe or chimney cleaned annually and will you continue to do so in the future?  
 \_\_\_\_\_ Yes  
 \_\_\_\_\_ No \*
  
4. Are there any other heating devices vented into the chimney and/or stovepipe used for your wood stove?  
 Yes  No

5. Is your wood stove installed at the distances from your combustible walls, ceilings, furniture and draperies as recommended by the manufacturer?

- Yes
- No
- Don't know

What is closest distance from stove to any combustible surface (wall, floor or ceiling)?

\_\_\_\_\_

6. Are fire/smoke detectors located on the same level of the home as the wood stove?

- Yes

No

7. What source of heat other than wood or coal is in your home?

- Oil Furnace
- Natural Gas Furnace
- Liquid Propane Gas Furnace
- Electric Furnace/Heat Pump
- Kerosene
- Solar
- Radiant/Hot Water
- Space Heater
- No Other Heat but Wood

\* If answer to #3 is no, please provide details of your cleaning schedule. Include the name and phone number of the person who cleans your stove: \_\_\_\_\_

**NOTE: PLEASE REMEMBER TO ATTACH A PHOTOGRAPH OF THE WOOD STOVE TO THIS FORM.**

I warrant that all of the information provided above is complete and accurate.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

I have assisted the insured in the completion of this form and believe the answers to be true and accurate. I witness that the above signature is the signature of the insured.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date