

# SECURITY MUTUAL GROUP



SECURITY  
MUTUAL  
INSURANCE  
COMPANY

Established 1887

2417 North Triphammer Road  
Post Office Box 4620  
Ithaca, New York 14852-4620  
Fax: (607) 257-5002

Email: [underwriting@securitymutual.com](mailto:underwriting@securitymutual.com)  
[www.securitymutual.com](http://www.securitymutual.com)



SECURITY  
COOPERATIVE  
INSURANCE  
COMPANY

Established 1910

## WOODBURNING STOVE QUESTIONNAIRE (ANY SOLID FUEL)

1. The manufacturer's name: \_\_\_\_\_
2. Was the stove professionally installed? ( ) yes ( ) no
3. Is the stove at least 18" above the floor or if less, at least 4" above a noncombustible slab? ( ) yes ( ) no
4. If a noncombustible slab is present, does it extend at least 6" from sides and back of stove and 18" from front? ( ) yes ( ) no
5. Is the stove at least 36" from all walls, furniture, curtains, wood fuel and all other combustibles? ( ) yes ( ) no
6. Where is the stove vented? \_\_\_\_\_
7. If vented through a chimney, does it have a flue and has it been checked for cracks or breaks? ( ) yes ( ) no
8. If vented through a stovepipe, does it pass through a concealed space, floor or attic? ( ) yes ( ) no
9. When was the chimney last cleaned? \_\_\_\_\_
10. What type of insulation is there between the pipe and any wall it passes through?  
\_\_\_\_\_
11. Is there at least 18" between the top of the pipe and the ceiling? ( ) yes ( ) no
12. Is there a damper on the stove or stove pipe? ( ) yes ( ) no

Please comment on all "no" answers and add any additional comments you care to make:

\_\_\_\_\_  
\_\_\_\_\_

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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

\_\_\_\_\_  
Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy no.

July 2023