



# AGENTS INSURANCE MARKETS, INC.

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## Supplemental Heating Questionnaire

1. Make/Name of Unit? \_\_\_\_\_ Year Built? \_\_\_\_\_
2. Date Installed? \_\_\_\_\_ By whom? \_\_\_\_\_
3. Installation Inspected by:  
 Municipal Bldg. Insp.  Fire Dept.  Other \_\_\_\_\_  Not Inspected
4. Location of unit, including room and floor level? \_\_\_\_\_  
\_\_\_\_\_
5. Is stove placed on non-combustible pad (include type of material)? \_\_\_\_\_  
\_\_\_\_\_
6. Surrounding walls:  Combustible  Non-Combustible Distance: \_\_\_\_\_ inches
7. Type of fuel used? \_\_\_\_\_
8. Use of stove:  Primary heat source (i.e. furnace rarely used)  
 Secondary – occasional use  Cooking  
 Trash disposal  Other \_\_\_\_\_
9. Chimney Construction:  Brick  Stone  Cinder Block  
 Metal Other \_\_\_\_\_
10. Is chimney lined?  Yes  No
11. How often is the flue cleaned? \_\_\_\_\_
12. By whom? \_\_\_\_\_