

**N.C. GRANGE MUTUAL INSURANCE COMPANY
SUPPLEMENTARY APPLICATION
WOOD HEAT SUPPLEMENT**

POLICY # (IF KNOWN)

ENDORSEMENT

TYPE:					
() OPEN HEARTH (no doors)	() POT BELLY, BOX OR FRANKLIN (loose fitting doors)	() FURNACE (tight-fitting, draft limiting doors and seams)	() FIREPLACE INSERT		
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CONSTRUCTION: () SHEET METAL () CAST IRON () BRICK LINED ANY CRACKS OR BROKEN PARTS () YES () NO					
IF BROKEN PARTS, PLEASE DESCRIBE: _____					
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FUEL:	() WOOD	() COAL	() OTHER (specify) _____		
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PRINCIPAL USE:	() PRIMARY HEAT SOURCE (Include Photo) (more than 50 days/yr.)	() SUPPLEMENTAL HEATING (less than 50 days/yr.)	() COOKING		
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YEAR INSTALLED:	INSTALLED BY: () OWNER () CONTRACTOR () OTHER (specify) _____				
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DATE INSPECTED: _____ INSPECTED BY: () BUILDING INSPECTOR () FIRE DEPARTMENT () OTHER					
IF OTHER, PLEASE SPECIFY: _____					
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INSTALLATION:	Stove placed at least 36" from combustible wall or furnishings, or 18" from non-combustible shield with 1" air space to combustible wall.	Non-combustible pad or surface below stove, extends at least 18" beyond loading door and 6" beyond side and rear.	Stove legs allow at least 4" air space below stove.		
	() YES () NO	() YES () NO	() YES () NO		
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TYPE OF CHIMNEY: () MASONRY () U.L. LISTED METAL CHIMNEY					
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CHIMNEY DATE LAST: CLEANED _____ INSPECTED: _____					
HOW ARE ASHES DISPOSED OF?: _____					
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CHIMNEY FLUE INSTALLATION:	Passes through non-combustible thimble collar or opening	More than two bends			
	() YES () NO	() YES () NO			

RECOMMENDATION/REMARKS:

SUPP APP 04/07