

G.A. #: SUBAGENT

SUSPENSE #:

POLICY #:

CLASSIFICATION RESPONSES

7. DATE OF LOSS: _____ TYPE _____ OF LOSS: _____ AMOUNT _____ PAID: \$ _____
 DATE OF LOSS: _____ TYPE _____ OF LOSS: _____ AMOUNT _____ PAID: \$ _____
8. DESCRIBE ANIMALS: _____ HOW MANY? _____
 IF DOG, BREED: _____ PET OR GUARD DOG? _____
9. NAME OF COMPANY: _____ REASON: _____
 OTHER REMARKS: _____

12. IS THERE A FENCE AROUND THE SWIMMING POOL MADE OUT OF SUITABLE MATERIAL TO A HEIGHT OF AT LEAST 4½ FEET? ☐ YES ☐ NO
 DOES THE FENCE HAVE A SELF-CLOSING GATE? ☐ YES ☐ NO IS IT AN ABOVE GROUND POOL? ☐ YES ☐ NO IF YES, VALUE: \$ _____

USE THIS AREA TO EXPLAIN UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given in compliance with the Federal Credit Reporting Act (Public Law 91-508). As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SUBAGENT NAME	DATE	APPLICANT SIGNATURE X
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WOODSTOVE INSPECTION REPORT**PHOTOGRAPHS MUST BE SUBMITTED SHOWING INSIDE AND OUTSIDE VENTING.***(If installed by manufacturer, do not complete.)***STOVE INFORMATION**

DATE INSTALLED	INSTALLED BY	PURCHASE COST: \$
MAKE/NAME:	IS WOODSTOVE EQUIPPED WITH A HEAT RECLAIMING DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE: <input type="checkbox"/> Radiant <input type="checkbox"/> Jacketed <input type="checkbox"/> Circulating	WHAT TYPE OF FUEL IS USED?	USE: <input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (Specify)
HOW OFTEN ARE CHIMNEY AND STOVE PIPES CLEANED?	DATE LAST CLEANED:	BY WHOM:

INSTALLATION INFORMATION (IF WOODSTOVE IS PRIMARY SOURCE OF HEAT OR DOUBLE VENTED, RISK IS UNACCEPTABLE.)

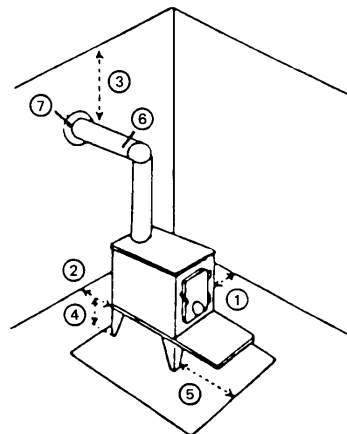
LOCATION OF STOVE IN HOME:	IS THERE A SMOKE DETECTOR IN THIS ROOM? <input type="checkbox"/> Yes <input type="checkbox"/> No
FLOOR PROTECTION: <input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Other (Specify)	
WALL PROTECTION: <input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos Millboard <input type="checkbox"/> Other (Specify)	IF NONE, IS THIS ACCEPTABLE WITH THE MANUFACTURER? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHIMNEY TYPE: <input type="checkbox"/> Factory Chimney <input type="checkbox"/> Masonry <input type="checkbox"/> Other (Describe)	HOW MUCH AIR SPACE BETWEEN WALL PROTECTION AND COMBUSTIBLE WALL? _____ INCHES

CLEARANCES

1	_____ INCHES	SIDE OF UNIT NEAREST TO WALL
2	_____ INCHES	REAR OF UNIT TO WALL
3	_____ INCHES	TOP OF STOVE PIPE TO CEILING
4	_____ INCHES	BOTTOM OF UNIT TO FLOOR
5	_____ INCHES	FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION
6	_____ INCHES	SIZE OF PIPE USED
7	_____ INCHES	SIZE OF THIMBLE OR ROOF JOIST SHIELD

DO THESE DISTANCES COMPLY WITH THE MANUFACTURERS STANDARDS? ☐ Yes ☐ No

REMARKS:

**APPLICATION MUST BE SIGNED!**