



309 Fall Harvest Court / Louisville, KY 40223
 Office # (502) 244-6986 / (800) 999-6986
 Fax # (502) 244-0724

Equine Farm Application

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

Producer	Name and Address (include Zip Code) _____ _____ _____	Producer Code: _____ Agency Code: _____ Agency Phone Number: _____ Agent's Fax Number: _____ Agent's Email: _____
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Transaction	<input type="checkbox"/> New Business <input type="checkbox"/> Quote <input type="checkbox"/> Renewal <input type="checkbox"/> Issue	<input type="checkbox"/> Full Pay <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual	Effective Date: _____ To _____	Quote desired by: _____
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Applicant	Name and Address (include County and Zip Code) _____ _____ _____ _____ FARM NAME: _____ PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____ E-MAIL: _____	APPLICANT IS: <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Manager <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Other <hr/> INSPECTION CONTACT PERSON: Name: _____ Phone Number: (____) _____
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Insured Location		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:

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. Are all fences/gates maintained in good operating condition? Yes No
 Please describe the type of fencing:

11. Is there a swimming pool on the premises? Yes No Fenced? Yes No
 Used by anyone other than the applicant? Yes No Explain: _____
12. Is main dwelling occupied year round? Yes No If no, please provide details: _____

13. Are dogs owned by the applicant? Yes No If yes, how many: _____ Breed: _____
 Any past issues? (i.e. bites, attacks, etc.) Yes No If yes, explain:

Cause of Loss: FO-1/Basic FO-2/Broad FO-3/Special Form FO-4/Renter's Form
RC= Replacement Cost (FO-55/Replacement Cost Contents with limits increased to 70% of Coverage A) **ACV**= Actual Cash Value **EQ**= Earthquake

DWELLING(S)														
Limits of Insurance * Please note the following % of cov. A included: B-10%, C-50%, D-20%														
Loc No.	A. Dwelling	B. Appurtenant Structure	C. Personal Property	RC	D. Loss of Use	Bldg. Class	Cause of Loss	Construction	Year Built	Sq. Ft.	Type Heat	Occupant	Prot. Class	EQ

Cause of Loss: FO-6/Basic FO-323/WISS FO-362/Special Form
 RC = Replacement Cost ACV = Actual Cash Value EQ = Earthquake

COVERAGE E – SCHEDULE OF FARM BUILDINGS, STABLES AND OTHER STRUCTURES

Loc	Item#	Description	Limit of Insurance	Bldg. Class	Cause of Loss	Construction	Sq. Ft.	Type Heat	RC	Prot. Class	Year Built	EQ

Any urethane insulation in farm buildings? _____ Explain: _____

Please note any buildings storing substantial hay (50+ bales):

DEDUCTIBLE: _____ \$500 _____ \$1,000 _____ OTHER \$ _____

Is a wood burning device used in any of the dwelling(s)? Yes No *If 'yes', complete the Wood stove Questionnaire and attach photo.*

_____ Inflation Guard _____ % Annually	Outdoor radio and TV antennas / satellite dishes (Limit \$1500) Dish _____ Antenna _____ Increased Values _____ Number _____ Limit \$ _____
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Private power and light poles excess of \$500. \$ _____ /Loc. No.: _____ \$ _____ /Loc. No _____

Check coverage desired: _____ FO-65/Higher Limits of Liability on Certain Property _____ FO-61/Scheduled Personal Property

		Limit of Insurance (\$)	ACV or RC	Schedule
A	Jewelry			
B	Furs			
C	Cameras			
D	Musical Instruments			
E	Silver, etc.			
F	Golfer's Equipment			
G1	Fine Arts			
G2	Fine Arts (with breakage coverage)			
H	Postage Stamps			
I	Coin Collection			
J	Guns			

Schedule all items with complete description above or on a separate sheet of paper for coverage FO-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 F – FARM PERSONAL PROPERTY

Description	Serial #	Year	Make	Model	Insurable Value (\$)
Tractor					
Tractor					
Tractor					
Tractor					
Combine/Picker					
Combine/Picker					

	Quantity	Insurable Value (\$)
Baler		
Bale Loader/Hay		
Chopper – Silage		
Cultipacker		
Disc		
Feed Grinder/Mixer		
Fertilizer Spreader		
Grain Auger		
Gravity Wagon		
Manure Spreader		
Mower/Conditioner		
Planter		
Plow		

	Quantity	Insurable Value (\$)
Post Hole Digger		
Hay Rake		
Rotary Hole		
Sprayer		
Wagon		
Tack (List items over \$1,000)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Horses and Other Livestock		

Irrigation Equipment		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Personal Property Noc		
Bulk Milk Tank		
Milking Equipment		
Portable Building		
Seed		
Fertilizer		
Chemicals		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hay/Straw/Fodder		
Straw/Ton		
Silage/Ton		
Haylage/Ton		
Grain in Buildings		
Ear Corn/Ton		
Shell Corn/Ton		
Shell Corn/Bu		
Wheat/Bu		
Barley/Bu		
Oats/Bu		
Soybeans/Bu		

COMPUTER COVERAGE

	Description	Limit of Insurance
Class I – Hardware	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Class II – Software	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

LIABILITY COVERAGE

Check If No Exposure

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. _____ Snowmobile: Make _____ Model _____

All terrain vehicles: ___ No. of wheels: _____

Is farm general liability to include personal liability? Yes No

Additional Insureds

Name: _____ Relationship to insured: _____

Address: _____ Telephone: _____

Name: _____ Relationship to insured: _____

Address: _____ Telephone: _____

LIMITS OF LIABILITY (Occurrence/Aggregate) – Please check one limit only that you are applying for:			
_____ \$100/\$200	_____ \$300/\$600	_____ \$500/\$1,000	_____ \$1,000/\$2,000

** UNLESS SPECIFICALLY ENDORSED NON-OWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL ARE NOT COVERED FOR INJURY OR DEATH BY THIS POLICY **

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: _____				
Totals:				

Any riding for the handicapped? Yes No

What is area of Barns: _____, Stables: _____, Indoor Arenas: _____, Outdoor Arenas: _____

Any apartments over or attached to barn or farm buildings? Yes No Number: _____ Tenant: _____ Employee: _____

EQUESTRIAN RIDING INSTRUCTION

Check If No Exposure

Do you teach: _____ English _____ Jumping _____ Western _____ Other (explain) _____

Do you attend off premises shows with your students? Yes No If 'Yes', # of shows: _____, gross receipts: (\$)

Do you hold clinics for non-students? Yes No If 'Yes', give number: _____, average attendance: _____

Gross receipts from instructions: (\$)
_____ Instructions taught by: Insured Employee Independent

Are releases obtained from all students? Yes No (Attach Sample)

Average number of students weekly by Applicant/Employee: _____

Any instructions given to students on their own horses? Yes No Number of students annually: _____

If instruction is given on your premises by independent contractors:

How many such instructors? _____, how many students? _____, your commissions: (\$)

Do you obtain certificates of insurance? Yes No (Please provide copy)

Independent contractors operating under your name can be added as additional insureds with an appropriate charge, but coverage is limited to your operations only.

Independent Contractors To Be Added

Name: _____ Address: _____

Describe experience, qualifications: _____

Name: _____ Address: _____

Describe experience, qualifications: _____

Name: _____ Address: _____

Describe experience, qualifications:

—

BOARDING/BREEDING/TRAINING

Check If No Exposure

Do you provide riding facilities for boarders? Yes No If 'Yes', please describe:

—

Do you have boarders sign hold harmless agreements? Yes No If 'No', please explain: _____

—

Are any medications prescribed or dispensed? Yes No If 'Yes', please explain:

—

Number of stalls on premises: _____ Maximum number boarded: _____ Maximum number pastured: _____

Annual receipts related to boarding: (\$) _____, boarding payroll: (\$) _____

Do you have a trainer on staff? Yes No If 'Yes', please provide his/her payroll: (\$) _____

Racing related or other?

Total payroll related to racing and training: (\$) _____

If trainer is independent contractor, do you require certificates of insurance? Yes No

What states do you race in?

If independent trainer operates under your name, they can be added as additional insured for additional charge, but coverage is limited to your operations.

Independent trainers to be added

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

PREMISES SALES OPERATIONS BY YOU

Check if no exposure

Horses: Types and Breed: _____ Per year: _____

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: \$ _____

HAYRIDES

Check if no exposure

Note – Coverage not provided for injury to participants in events.

Wagon, Sleigh Hayrides: _____ Number of passengers: _____ Receipts: (\$)_____

Number of trips per year: _____ Number of wagons: _____ Any off-premises exposure? Yes No

If 'Yes', please explain: _____

SHOWS

Check if no exposure

Note – Coverage not provided for injury to participants in events.

Do you manage or run any show on your premises? Yes No Are they recognized by the AHSA? Yes No

Number of shows per year: _____ Any concessions? Yes No If 'Yes', please provide receipts: (\$)

Number of admissions: _____ Number of participants: _____ Receipts: (\$)_____ Number of days per show:

Do you manage any hunts? Yes No If 'Yes', what type:

Do you secure releases from all entrants? Yes No Maximum number of spectators per day: _____

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:

***Note – Not applicable in Missouri

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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person with the intent to knowingly 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 thereto that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 thereto commits a fraudulent insurance act, which is a crime and subject the person to criminal and civil penalties.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Date	Signature of Applicant
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Check Each Coverage Desired (All Coverages May Not Be Available In All States or Eligible for Certain Risks).

COVERAGE OPTIONS FOR PROPERTY	
<input type="checkbox"/>	FO-0005 Dwelling Coverage – Special Building & Contents
<input type="checkbox"/>	FO-15 Actual Cash Value
<input type="checkbox"/>	FO-25 Consent to Move Mobile Home
<input type="checkbox"/>	FO-26 Collision or Upset
<input type="checkbox"/>	FO-27 Secured Party's Interest - Additional Coverage
<input type="checkbox"/>	FO-30 Incidental Property Coverages - Higher Limits
<input type="checkbox"/>	FO-41 Additional Insureds (Property)
<input type="checkbox"/>	FO-48 Related Private Structures
<input type="checkbox"/>	FO-54 Earthquake
<input type="checkbox"/>	FO-55 Replacement Value
<input type="checkbox"/>	FO-60 Debris Removal
<input type="checkbox"/>	FO-61 Scheduled Personal Property
<input type="checkbox"/>	FO-65 Coverage C - Higher Limits of Liability On Certain Property
<input type="checkbox"/>	FO-68 Scheduled Glass
<input type="checkbox"/>	FO-69 Business Property - Business Occupancy on the Insured Premises
<input type="checkbox"/>	FO-70 Ordinance of Law
<input type="checkbox"/>	FO-75 Amendment of Vacancy or Unoccupancy
<input type="checkbox"/>	FO-123 Pollutant Clean Up and Removal
<input type="checkbox"/>	FO-125 Dwelling Under Construction - Theft
<input type="checkbox"/>	FO-170 Computers
<input type="checkbox"/>	FO-178 Insurance By More Than One Company
<input type="checkbox"/>	FO-184 Automatic Adjustment of Limits
<input type="checkbox"/>	FO-200 Replacement Cost Terms - Mobile Homes
<input type="checkbox"/>	FO-208 Water Damage - Sewers, Drains and Sumps
<input type="checkbox"/>	FO-216 Premises Alarm or Fire Protection System
<input type="checkbox"/>	FO-255 Repair Cost Terms
<input type="checkbox"/>	FO-256 Modified Replacement Cost Terms
<input type="checkbox"/>	FO-257 Ordinance of Law - Farm Barns, Buildings and Structures
<input type="checkbox"/>	FO-307 Sprinkler Leakage
<input type="checkbox"/>	FO-323 Weight of Ice, Snow or Sleet
<input type="checkbox"/>	FO-324 Winter Perils - Livestock
<input type="checkbox"/>	FO-330 Incidental Property Coverages - Higher Limits
<input type="checkbox"/>	FO-340 Limited Perils - Coverages E, F and G
<input type="checkbox"/>	FO-341 Replacement Cost Terms - Farm Barns, Buildings and Structures
<input type="checkbox"/>	FO-345 Theft of Building Materials - Farm Barns, Buildings and Structures
COVERAGE OPTIONS FOR LIABILITY	
<input type="checkbox"/>	GL-9 Personal Liability Coverage
<input type="checkbox"/>	GL-40 Structures Rented to Others
<input type="checkbox"/>	GL-70 Additional Insured - Persons or Organizations
<input type="checkbox"/>	GL-71 Additional Insured - Partners or Co-owners
<input type="checkbox"/>	GL-72 Additional Insureds
<input type="checkbox"/>	GL-73 Additional Residences or Farms - Rented to Others
<input type="checkbox"/>	GL-74 Business Activities
<input type="checkbox"/>	GL-75 Custom Farm Work
<input type="checkbox"/>	GL-76 Employer's Liability - Farm Employees
<input type="checkbox"/>	GL-78 Fruit or Vegetable Picking - By Public
<input type="checkbox"/>	GL-80 Office, Professional, Private School or Studio Occupancy
<input type="checkbox"/>	GL-81 Personal Injury (with GL-2, GL-9 Only)
<input type="checkbox"/>	GL-82 Watercraft
<input type="checkbox"/>	GL-83 Snowmobile
<input type="checkbox"/>	GL-84 Cars Provided For Others
<input type="checkbox"/>	GL-90 Incidental Business Pursuits
<input type="checkbox"/>	GL-95 Products Aggregate Limits
<input type="checkbox"/>	GL-108 Additional Insureds
<input type="checkbox"/>	GL-615 Exclusion of Products/Completed Work Coverage
<input type="checkbox"/>	GL-872 Farm Employers Liability Coverage (with GL-610 Only)
<input type="checkbox"/>	GL-904 Personal and Advertising Injury Liability Coverage (with GL-610 Only)
COVERAGE OPTIONS FOR PROPERTY (cont.)	
<input type="checkbox"/>	FO-346 4-H and F.F.A. Animals
<input type="checkbox"/>	FO-349 Suffocation of Livestock
<input type="checkbox"/>	FO-350 Debris Removal - Coverages E and F

GENERAL STAR MANAGEMENT COMPANY
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

- | | |
|---|--|
| <p>1. Type of stove:</p> <p>_____ Free Standing Stove</p> <p>_____ Fireplace Insert</p> <p>_____ Pellet Stove</p> <p>_____ Wood Furnace Add-On</p> <p>_____ Other: _____</p> <p>Name of Stove: _____</p>
<p>2. Who installed you stove?</p> <p>_____ Dealer</p> <p>_____ Professional Heating Contractor</p> <p>_____ Local Handyman</p> <p>_____ Self</p> <p>_____ Other: _____</p>
<p>3. Is your stove and stovepipe or chimney cleaned annually and will you continue to do so in the future?</p> <p>_____ Yes</p> <p>_____ No *</p> <p>_____ Last date cleaned: _____</p> <p>_____ By whom? _____</p>
<p>4. Are there any other heating devices vented into the chimney and/or stovepipe used for your wood stove?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Is your wood stove installed at the distances from your combustible walls, ceilings, furniture and draperies as recommended by the manufacturer?</p> <p>_____ Yes</p> <p>_____ No</p> <p>_____ Don't know</p> <p>What is closest distance from stove to any combustible surface (wall, floor or ceiling)?</p> <p>_____</p>
<p>6. Are fire/smoke detectors located on the same level of the home as the wood stove?</p> <p>_____ Yes</p> <p>_____ No</p>
<p>7. What source of heat other than wood or coal is in your home?</p> <p>_____ Oil Furnace</p> <p>_____ Natural Gas Furnace</p> <p>_____ Liquid Propane Gas Furnace</p> <p>_____ Electric Furnace/Heat Pump</p> <p>_____ Kerosene</p> <p>_____ Solar</p> <p>_____ Radiant/Hot Water</p> <p>_____ Space Heater</p> <p>_____ No Other Heat but Wood</p> |
|---|--|

* 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