

Camp Point Mutual Insurance Company

109 E. Jefferson St. ▪ PO Box 375

Camp Point, IL 62320

P: (217) 593-7705 ▪ F: (217) 593-7453 ▪ Email: rita@camppointmutual.com

WOOD BURNER & ELECTRIC QUESTIONNAIRE

To be signed and dated by the Policyholder and returned to Camp Point Mutual Insurance Company by Agent or Policyholder. *This signed form will become a part of your permanent record with Camp Point Mutual Insurance Company.*

PLEASE CHECK YES OR NO ON THE FOLLOWING:

Do you have a wood burning stove or wood burning appliance (fireplace included) anywhere on your property? YES _____ NO _____

*If you checked yes, has it been inspected by Camp Point Mutual Insurance Company? YES _____ NO _____

Please check the type of appliance. Wood Stove _____
Fireplace _____
Wood Furnace _____
Fireplace Insert _____
Outside Wood Burner _____
Other _____
(please describe)

Please notify Camp Point Mutual Insurance Company if you add or delete a wood burning device at a later date, so we can update our records.



Is there 100 AMP electrical service as required? (Not required on Mobile Homes.) If not, the service entrance may be inspected for approval. YES _____ NO _____

_____ Date _____ Signature of Insured

_____ Policy Number _____ Phone Number of Insured



If your address has changed, please list below. Thank you!

Name _____

Address _____

Street _____ PO Box _____

City _____ State _____ Zip _____