

Named Insured:
Policy Number:

Broker/Agent Name:

WOOD BURNING STOVE INSPECTION REPORT

This report must be completed and signed when a wood burning stove is not factory installed by the manufacturer. Submit the application, including the required photographs. Coverage is not bound until accepted by the underwriter.

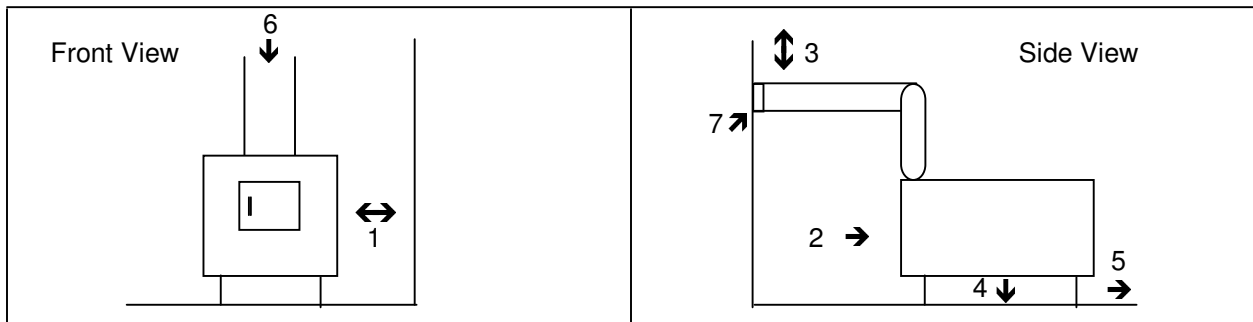
STOVE INFORMATION

Date Installed	Installed By	Purchase Cost \$
Make/Name	Use <input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat (Ineligible, do not submit)	
Type <input type="checkbox"/> Radiant <input type="checkbox"/> Jacketed <input type="checkbox"/> Circulating	What type of fuel used? <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Cooking	
How often are chimney and stove pipe cleaned?	Date last cleaned	By whom

INSTALLATION INFORMATION

Location of stove in home	Is there a smoke detector in home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Floor Protection <input type="checkbox"/> Asbestos Millboard covered metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Metal <input type="checkbox"/> Other (describe)_____	Does unit have a heat reclaimer? If yes, risk is not acceptable. <input type="checkbox"/> Yes <input type="checkbox"/> No
Wall Protection <input type="checkbox"/> Asbestos Millboard covered metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Metal <input type="checkbox"/> Other (describe)_____	How much air space between protection and combustible? Type of fire protection used at ceiling?
Chimney Type <input type="checkbox"/> Factory Chimney <input type="checkbox"/> Masonry <input type="checkbox"/> Other (describe)_____	If factory chimney, is it UL/all fuels listed? <input type="checkbox"/> Yes <input type="checkbox"/> No Is protection thimble or sleeve used? <input type="checkbox"/> Yes <input type="checkbox"/> No

CLEARANCES



1. _____ Inches Side of Unit Nearest 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 Front Edge Protection 6. _____ Inches Size of Pipe Used 7. _____ Inches Size of Thimble or Roof Joist Shield	Remarks
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INSPECTOR

Signature	Title	Date	Telephone
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