



WOOD BURNING STOVE SUPPLEMENT

Insured: _____ Agent: _____ Code: _____

Location: _____ Policy Number: _____

MAKE MANUFACTURER _____ MODEL _____ AGE _____

STYLE

<input type="checkbox"/> POT BELLY, BOX OR FRANKLIN (LOOSE FITTING CLOSED DOOR)	<input type="checkbox"/> OPEN HEARTH (NO DOORS IN HEARTH)
<input type="checkbox"/> AIRTIGHT UNIT (TIGHT FITTING DOORS)	<input type="checkbox"/> OTHER

CONSTRUCTION

<input type="checkbox"/> CAST IRON	<input type="checkbox"/> CAST ALUMINUM
<input type="checkbox"/> SHEET METAL (over 1/8")	<input type="checkbox"/> BRICK LINED

CONDITION ANY CRACKS OR BROKEN PARTS ☐ YES ☐ NO

FUEL TYPE ☐ WOOD ☐ COAL ☐ OTHER _____

INSTALLATION INSTALLED BY: ☐ OWNER ☐ CONTRACTOR DATE: _____

IS UNIT AT LEAST 36" FROM COMBUSTIBLE WALL ☐ YES ☐ NO

IF THERE IS A NON-COMBUSTIBLE WALL/SHIELD
PRESENT, IS UNIT AT LEAST 18" AWAY? ☐ YES ☐ NO

DOES IT EXTEND AT LEAST 12" FROM UNIT BASE
TO THE REAR AND SIDES AND 18" BEYOND DOOR? ☐ YES ☐ NO

IS THERE AT LEAST A 4" AIR CLEARANCE BETWEEN
BOTTOM OF UNIT AND FLOOR? ☐ YES ☐ NO

PASSES THROUGH NON COMBUSTIBLE COLLAR AT
LEAST 12" LARGER IN DIAMETER THAN STOVEPIPE ☐ YES ☐ NO

IS CONNECTOR PIPE TO CHIMNEY UNDER 5 FEET? ☐ YES ☐ NO

IS CHIMNEY CONNECTION POINT HIGHER THAN STOVE
END? ☐ YES ☐ NO

ANY OTHER UNITS CONNECTED TO SAME FLUE ☐ YES ☐ NO

DATE LAST CLEANED: _____ DATE LAST INSPECTED: _____

CHIMNEY TYPE ☐ MASONRY ☐ METAL CHIMNEY ☐ OTHER: _____

USE ☐ MAJOR SOURCE OF HEAT ☐ SUPPLEMENTAL ONLY

INSTALLATION HAS INSTALLATION BEEN INSPECTED ☐ YES ☐ NO

☐ BUILDING INSPECTOR ☐ FIRE DEPT. ☐ OTHER: _____

REMARKS: _____
