



WOOD BURNING STOVE SUPPLEMENT

Insured: _____ Agent: _____ Code: _____

Location: _____ Policy Number: _____

MAKE MANUFACTURER _____ MODEL _____ AGE _____

STYLE POT BELLY, BOX OR FRANKLIN (LOOSE FITTING CLOSED DOOR) OPEN HEARTH (NO DOORS IN HEARTH)
 AIRTIGHT UNIT (TIGHT FITTING DOORS) OTHER

CONSTRUCTION CAST IRON CAST ALUMINUM
 SHEET METAL (over 1/8") 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: _____