

- American Reliable Insurance Company
- American Bankers Insurance Company of Florida
- Voyager Indemnity Insurance Company
- Voyager Property and Casualty Insurance Company

# WOODSTOVE INSPECTION REPORT

Report must be completed and signed by licensed contractor or member of local fire department when woodstove is *not* factory installed or commercially installed by appliance distributor or licensed expert.

**PHOTOGRAPHS MUST BE SUBMITTED SHOWING INSIDE AND OUTSIDE VENTING.  
(If installed by Manufacturer, do not complete.)**

|                |                |
|----------------|----------------|
| NAMED INSURED: | POLICY NUMBER: |
|----------------|----------------|

## STOVE INFORMATION

|  |                            |   |
|--|----------------------------|---|
| DATE INSTALLED:  | INSTALLED BY:              | PURCHASE COST: \$   |
| MAKE/NAME:   |                            | IS WOODSTOVE EQUIPPED WITH A HEAT RECLAIMING DEVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| TYPE: <input type="checkbox"/> RADIANT <input type="checkbox"/> JACKETED<br><input type="checkbox"/> CIRCULATING | WHAT TYPE OF FUEL IS USED? | USE: <input type="checkbox"/> PRIMARY HEAT <input type="checkbox"/> AUXILIARY HEAT <input type="checkbox"/> COOKING<br><input type="checkbox"/> OTHER (Specify) |
| HOW OFTEN ARE CHIMNEY AND STOVEPIPES CLEANED?  | DATE LAST CLEANED:         | BY WHOM:  |

## INSTALLATION INFORMATION (If woodstove is primary source of heat or double vented, risk is unacceptable.)

|  |   |
|--|---|
| LOCATION OF STOVE IN HOME:   | IS THERE A SMOKE DETECTOR IN THIS ROOM: <input type="checkbox"/> YES <input type="checkbox"/> NO        |
| FLOOR PROTECTION: <input type="checkbox"/> ASBESTOS MILLBOARD COVERED WITH METAL <input type="checkbox"/> METAL <input type="checkbox"/> STONE/BRICK<br><input type="checkbox"/> OTHER (Specify)       |   |
| WALL PROTECTION: <input type="checkbox"/> ASBESTOS MILLBOARD COVERED WITH METAL <input type="checkbox"/> METAL <input type="checkbox"/> ASBESTOS MILLBOARD<br><input type="checkbox"/> OTHER (Specify) | IF NONE, IS THIS ACCEPTABLE WITH MANUFACTURER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHIMNEY TYPE: <input type="checkbox"/> FACTORY CHIMNEY <input type="checkbox"/> MASONRY<br><input type="checkbox"/> OTHER (Describe)   | HOW MUCH AIR SPACE BETWEEN WALL PROTECTION AND COMBUSTIBLE WALL? _____ INCHES.                          |

## CLEARANCES

|   |  |
|---|--|
| 1 _____ INCHES SIDE OF UNIT NEAREST TO 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 TO FRONT EDGE OF FLOOR PROTECTION  |  |
| 6 _____ INCHES SIZE OF PIPE USED  |  |
| 7 _____ INCHES SIZE OF THIMBAL OR ROOF JOIST SHIELD   |  |
| DO THESE DISTANCES COMPLY WITH THE MANUFACTURER'S STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| REMARKS   |  |

Contractor/Fire Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_