

- 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:
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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 <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 <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 <input type="checkbox"/> OTHER (Specify)	
WALL PROTECTION: <input type="checkbox"/> ASBESTOS MILLBOARD COVERED WITH METAL <input type="checkbox"/> METAL <input type="checkbox"/> ASBESTOS MILLBOARD <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 <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: _____