



Insureds name _____ Policy number _____

Agent _____

Brand of wood stove _____ Model Number _____

Type of stove: Free standing Fireplace insert

UL approved? yes no Installed by: Insured Contractor

Used as: primary heat source supplemental heat source cooking other

Is there a smoke detector in the room? yes no

How often is the chimney and stove pipe cleaned? _____

Date of last cleaning _____ Cleaned by: _____

Inspected by: Building department Fire department Other
(attach copy of certificate)

If the installation has not been inspected, please complete the following:

Distance to walls from stove _____

Describe wall protection _____

Length of stove legs _____

Describe floor protection _____

Distance of stove pipe to unprotected walls and ceilings

Chimney composition _____

Is a protective collar provided where stove pipe goes through walls, ceilings, or roof? yes no

Does the chimney extend two feet above any portion of the building within ten feet of the chimney? yes no

THIS INFORMATION IS FOR UNDERWRITING PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS A WARRANTY OF THE SAFETY OF THE UNIT INVOLVED OR THE INSTALLATION.

Insured's signature _____ Date _____