

PACIFIC SPECIALTY 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.)

NAME OF INSURED:	POLICY NO.:
------------------	-------------

STOVE INFORMATION

DATE INSTALLED	INSTALLED BY	PURCHASE COST: \$
MAKE/NAME:		IS WOODSTOVE EQUIPPED WITH A HEAT RECLAIMING DEVICE? YES 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 STOVE PIPES CLEANED?	DATE LAST CLEANED:	BY WHOM:

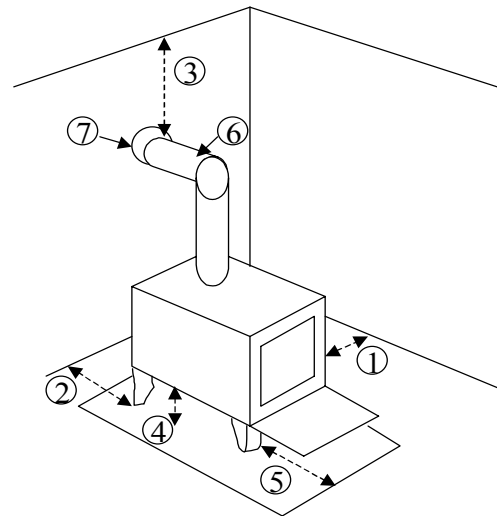
INSTALLATION INFORMATION

(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 THE 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 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 THIMBLE OR ROOF JOIST SHIELD
DO THESE DISTANCES COMPLY WITH THE MANUFACTURERS STANDARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REMARKS:	



A HEAT RECLAIMING DEVICE IS SOMETIMES CALLED A HEAT REGULATOR, HEAT SAVER, WASTE HEAT CIRCULATOR OR MASTER HEAT CIRCULATOR. THIS UNIT IS ATTACHED TO THE STOVE PIPE & ITS PURPOSE IS TO RECIRCULATE THE WARM AIR FROM THE PIPE VIA A FAN MOTOR. EVEN THOUGH THE FAN FORCES THE AIR OUT INTO THE ROOM, CERTAIN AMOUNT OF DOWN DRAFT IS FORCED DOWN INTO THE STOVE CAUSING A HOTTER FIRE & LARGER FLAMES.