

## WOODBURNING APPLIANCE SAFETY CHECK

Policy No.	
Agent:	
Manufacturer Model Name or No. Type Freestanding Woodstove Fireplace Insert	
Is unit UL or ICBO approved?  Yes No Freestanding Fireplace Other (describe)	
Homemade?   Yes  No	
Installed by	
Year Installed Heating Use Total Supplemental Occasional	
Installation Inspected and Approved By	
How often and by whom is chimney/stovepipe cleaned?	
When was chimney/stovepipe last cleaned?	
How often are ashes removed? Type of container used?	
Where are ashes deposited?	
Type: Masonry Metal (UL approved) None Other (describe)	
* If masonry, type of liner: 🗌 Clay Tile 🗌 Steel	
Other (describe)	
Distance from stove to: right wall, inches; rear wall, inches left wall, inches	
Corner Installation:	
Is wall protection provided?	
Is there an airspace behind wall protection?	
Does floor protection extend at least 18" from front loading door?	
☐ Yes ☐ No – How far does it extend? inches	
Type of floor protection (describe)	