

**Supplemental Heat Inspection Checklist**

(Complete document for each unit on premises whether or not they are used. Include clear photos of the unit.)

Named Insured:		Policy Number:
Agency:	Inspected by whom:	Date Inspected:

**INELIGIBLE RISKS:**

- Any type of solid fuel heat when used as the primary or "only" heating source
- Barrel stoves or homemade units
- Any supplemental heating source installed inside a mobile home (factory installed fireplaces are acceptable; fireplace surcharge applies, \*\*\*Fireplace inserts installed inside a mobile home are not acceptable.)
- Outdoor woodstove/boiler installed inside or within 25' of a structure
- Supplemental heat for a non-owner occupied location
- Units that do not have an Underwriters Laboratory (UL) label of approval
- Solid-fuel stoves sharing the same flue with another appliance
- Chimneys with no approved liner
- Properties having poor housekeeping involving the solid-fuel burning unit and operation
- Solid fuel stoves with heat savers/heat reclaimers

**TYPE OF SUPPLEMENTAL HEAT (Select one):**

- FREESTANDING STOVE    
  COMBINATION FURNACE    
  PELLET WOODSTOVE    
  FIREPLACE INSERT  
 OUTDOOR WOODSTOVE/BOILER    
  OTHER (PLEASE DESCRIBE): \_\_\_\_\_

**Section A: Complete for all unit types:**

Was the unit:     Professionally Installed     Unknown     Installed by applicant to    Used  Primary heat  
 If professionally, by whom? \_\_\_\_\_    Manufacturer's specifications    for:  Auxiliary heat  
 Year installed \_\_\_\_\_ or  Unknown    Manufacturer: \_\_\_\_\_    Model: \_\_\_\_\_  
 Is unit listed by a recognized testing facility?     Yes     No  
 What is fuel type for this unit?     Paper     Coal     Wood     Mixed     Corn     Other \_\_\_\_\_  
 How often is the unit cleaned? \_\_\_\_\_ (# times a year)    Cleaned by:  Insured     Professional  
 Unit location:  Dwelling \_\_\_\_\_ (What room?)     Structure (Approval Req'd) \_\_\_\_\_ (Descr.)

**Section B: Complete for Freestanding Stove, Combination Furnace or Pellet Stove:**

Floor protection:  Non-combustible Insulation board w/metal     Metal     Stone/Brick     Other \_\_\_\_\_  
 Wall protection:  Non-combustible Insulation board w/metal  
 Metal     Stone/Brick     Other \_\_\_\_\_  
 Ceiling protection:  Non-combustible Insulation board w/metal  
 Metal     Stone/Brick     Other \_\_\_\_\_  
 Is there at least one inch of air space between wall protective shield and the wall?     Yes     No  
 Is there at least one inch of air space between ceiling protective shield and ceiling?     Yes     No  
 Unit is:     Single Walled     Double Walled     Triple Walled  
 Smoke Pipe:  Single Walled     Double Walled     Triple Walled  
 Chimney is:  Masonry     UL Listed Material     Other  
 Does chimney used by this unit also service the dwelling furnace, fireplace or other appliance?     Yes     No  
 If yes, are there separate flue liners?     Yes     No  
 Does chimney extend 3 feet higher than the point where it passes through the roof?     Yes     No  
 Does chimney extend 2 feet higher than any peak, wall or roof within 10 feet of chimney?     Yes     No

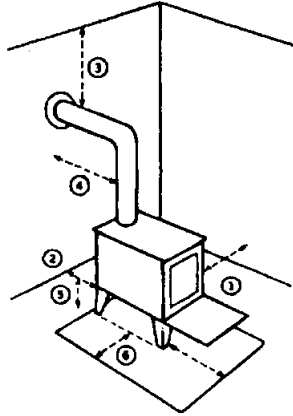
COMPLETE DIMENSIONS ON BACK OF FORM

WALL OR CEILING PASS THROUGH	
Does a single wall pipe pass through a wall, ceiling or roof whose construction contains any combustible material?	
<input type="checkbox"/> Yes (complete the information below) <input type="checkbox"/> No	
1. List the diameter of the Smoke Pipe (inches): _____	
2. <input type="checkbox"/> Masonry (if so, list A and B below)	
A-Horizontal: _____ inches	
B-Vertical: _____ inches	
3. If combustible material is within the wall where single walled pipe passes through, list the dimensions at right to the nearest combustible.	
4. Prefabricated Pass Through is:	
<input type="checkbox"/> Saf-T Thimble <input type="checkbox"/> Insul Flue <input type="checkbox"/> Ceiling Support <input type="checkbox"/> Other _____	

### Dimensions

Fill in the distances indicated on diagram.

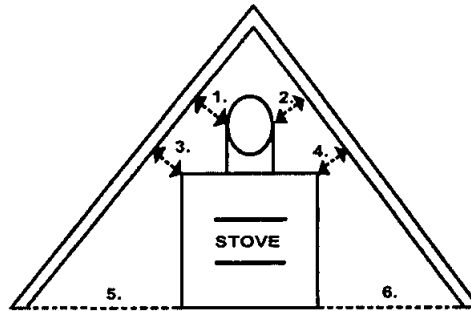
	Inches	Mfg. specs. if known
1. Side of unit nearest to wall.	_____	_____
2. Rear of unit to wall.	_____	_____
3. Top horizontal stovepipe to ceiling.	_____	_____
4. Vertical stovepipe to wall.	_____	_____
5. Bottom of unit fire box to floor.	_____	_____
6. Unit to edge of floor protection.	Sides: _____	_____
	Front: _____	_____
	Rear: _____	_____



### Corner Installation Dimensions

Fill in the distances indicated on diagram.

	Inches	Mfg. specs. if known
1. Stovepipe to left wall.	_____	_____
2. Stovepipe to right wall.	_____	_____
3. Stove rear corner to left wall.	_____	_____
4. Stove rear corner to right wall.	_____	_____
5. Stove front corner to left wall.	_____	_____
6. Stove front corner to right wall.	_____	_____
7. Corner wall construction:	_____	_____



### Section C: Complete for Fireplace Insert:

1. Is insert installed in a masonry fireplace?  Yes  No
2. Unit to edge of floor protection: \_\_\_\_\_ Sides (inches), \_\_\_\_\_ Front (inches), \_\_\_\_\_ Rear (inches)  
Contact Home Office for prior approval if "NO" response to question #1 or if floor protection is less than 18"

### Section D: Complete for Outdoor Woodstove / Boiler:

1. What is the distance to the nearest structure? \_\_\_\_\_ (feet) Structure Description \_\_\_\_\_
2. Does this woodstove/boiler have a spark arrester?  Interior or  Exterior  
Contact Home Office for prior approval if woodstove is installed inside a structure or less than 25' from any structure

NOTE: This questionnaire is for informational purposes only and does not constitute a warranty of any solid fuel burning unit installation by Wayne Insurance Group or its agents.

**All questions must be answered and a clear photo of the unit(s) must be attached to this checklist.**

Remarks: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Signature: \_\_\_\_\_