

## **Insurance Policy Declaration**

For use when selecting own insurer for purposes of insuring property held by Yorsipp (Trustees) Limited under the SIPP Member Number(s) noted below.

Please complete a separate declaration for each property held if applicable.

Member Name(s)	Tit	le	Forename(s)		Surnai	me			
	Tit	le	Forename(s)		Surnai	me			
	Tit	le	Forename(s)		Surnai	me			
MA la M1 la/ -\									
Member Number(s)									
Property Address									
		Postcode							
Name of Insurer			Policy Numb		Number				
				1					
I confirm that the in	format	ion listed	below can be found in the insurance poli	cy as follo	ws:				
						Where is this confirmed in the policy? for example Page x, Section y, Clause z			
	1	Policy is	in the name of Yorsipp (Trustees) Limited						
	2	2 Reinstatement value is adequate and accordance with the latest property valuation (please provide a copy of the latest							
	valuation if not already provided)								
	3	Policy co	ontains 36 months loss of rent cover						
		,							
	4	Policy ir	ncludes public liability insurance of at leas	t £5 millio	on				
		I							
If any part of your in	surano	e policy o	does not cover the above please contact u	ıs immedi	ately.				
C:									
Signature						Date			

The information in the policy will be verified by Yorsipp (Trustees) Limited and where we feel the cover is not adequate or does not meet our requirements we will contact you. A charge will apply for the work involved in reviewing the policy. Please refer to our SIPP fee schedule for the current charge: http://www.yorsipp.com/products-services/sipp/sipp-fees/ All fees are subject to VAT.





