

LAWPRO PROFESSIONAL LIABILITY INSURANCE

NEW APPLICANTS: APPLICATION FORM



Please refer to the "Program Guide for New Applicants" (New Applicant Guide) before completing this Application. For information on a specific question, find the corresponding section and number in your New Applicant Guide.

NOTE: This Application is for LAWYERS' professional liability insurance, as required by the Law Society of Upper Canada (Law Society). All LAWYERS must complete an application for insurance or an application for Exemption. See page 2 of your New Applicant Guide. The New Applicant Guide is considered to be part of this Application.

LAWYERS re-entering private practice, are reminded to first contact the Membership Services Department of the Law Society at 416-947-3315 or 1-800-668-7380 ext. 3315, or online at lsuc.on.ca, regarding their change in practice status.

You can complete this Application online at lawpro.ca (click on My LAWPRO to sign in to the secure section of our website) or return this completed Application to:

LAWPRO
250 Yonge Street,
Suite 3101, P.O. Box 3
Toronto, Ontario M5B 2L7

fax: 416-599-8341
1-800-286-7639

email: service@lawpro.ca

A Individual LAWYER Information (For information, see pages 6 & 7 of the New Applicant Guide)

- Name: _____ Position: _____ Law Society #: _____
Preferred Mailing Address (Select one): Firm Home
Firm Name: _____
Firm Address: _____ (No. & street) _____ (City, province, postal code)
Home Address (optional): _____ (No. & street) _____ (City, province, postal code)
Home Tel (optional): _____ Work Tel: _____ Fax: _____ Email: _____
- Do you hold a valid Certificate of Indian Status or a Temporary Confirmation of Registration Document (TCRD)?
 No Yes (If "Yes", please provide a copy of your Certificate/Registration.)
- Total Number of Full Years in Private and/or Public Practice: _____ Years
- Have you previously practised law in a Canadian or non-Canadian jurisdiction outside Ontario? Yes No
- Volume Billings: (Select appropriate code from page 6 of the New Applicant Guide. Indicate only the code that corresponds with the range of billings.) _____
- Hours of Professional Time (Best Estimate, Docketed and Undocketed) Spent in Private Practice During the Last Fiscal Year: _____ Hours
- Primary Area of Practice: _____ Secondary Area of Practice: _____
(For a listing of areas of practice, see page 7 of the New Applicant Guide. Indicate only the number that corresponds with the area of practice.)
- Name of PERSONAL LAW CORPORATION (see page 7 of the New Applicant Guide) _____

B Firm Information (For information, see page 8 & 9 of the New Applicant Guide)

- Nature of Law Practice: (Check all that apply. For definitions, see page 8 of the New Applicant Guide.)
 Law Corporation – Sole Sole practitioner Association Partnership – General Partnership – LLP
 Law Corporation – Not Sole In-house corporate counsel Employed, other Multi-Discipline Partnership and/or Combined Licensee Firm
- Number of PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if applicable) and LAWYERS in LAW FIRM in Ontario: _____
- Number of Staff in LAW FIRM (in Ontario) Who are Not LAWYERS: _____
- Total Excess Liability Insurance (optional): Name of insurer(s): _____
Liability limits per CLAIM/AGGREGATE above primary LAWPRO POLICY limits (for all Excess Coverage carried): \$ _____ per CLAIM/\$ _____ AGGREGATE

C Coverage Options (For information, see pages 9 to 13 of the New Applicant Guide)

- Effective Date of POLICY for the LAWYER (mm/dd/yyyy): ____/____/____
- DEDUCTIBLE Option (Select one only. Some restrictions apply. All LAWYERS practising in a LAW PARTNERSHIP or LAW CORPORATION must elect the same DEDUCTIBLE option. For details see pages 10 & 11 of the New Applicant Guide.)

<input type="checkbox"/> \$Nil deductible	Applicable to CLAIM expenses, indemnity payments and/or costs of repairs		Applicable to indemnity payments and/or costs of repairs only	
	<input type="checkbox"/> \$2,500 deductible	<input type="checkbox"/> Standard \$5,000 deductible	<input type="checkbox"/> \$2,500 deductible	<input type="checkbox"/> \$5,000 deductible
	<input type="checkbox"/> \$10,000 deductible	<input type="checkbox"/> \$25,000 deductible	<input type="checkbox"/> \$10,000 deductible	
- (A) Practice Options
 - Restricted Area of Practice Option: Criminal and/or Immigration Law** (For details see page 11 of the New Applicant Guide)
The LAWYER is eligible for and applies for the Restricted Area of Practice Option. Yes No
 - Part-Time Practice Option** (For details see page 11 of the New Applicant Guide)
The LAWYER is eligible for and applies for the Part-Time Practice Option. Yes No

Declaration (where indicated as "Yes" above)

I, the undersigned LAWYER, have read and understand the criteria that apply to the specific practice option(s) indicated above, as explained on page 11 of the New Applicant Guide. I declare that I am eligible for the practice option(s) indicated, and undertake to conduct my practice in accordance with the eligibility criteria that apply to the option(s). I will advise LAWPRO in writing of any change in my practice that affects my eligibility for the practice option(s) selected above. I acknowledge that my POLICY premium and other terms of insurance may be amended effective before or after the date of such change in my practice.

Signature _____

Date (mm/dd/yyyy) ____/____/____

15. **(B) Real Estate Practice Coverage Option** (For details see page 12 of the New Applicant Guide)

The LAWYER is ELIGIBLE for and applies for the Real Estate Practice Coverage Option. Yes No

Please note that LAWPRO must conduct its due diligence before adding this coverage option — as such, it may take up to ten (10) business days to add the Real Estate Practice Coverage option to your policy. Therefore, it may be necessary to engage the services of another real estate lawyer to handle your real estate transactions in the interim.

16. **Innocent Party Sublimit Buy-Up** (For details please see page 13 of the New Applicant Guide)

Please visit the LAWPRO website at lawpro.ca to download an Innocent Party Sublimit Buy-Up Application or contact the LAWPRO Customer Service Department at 416-598-5899 or 1-800-410-1013 to request an Innocent Party Sublimit Buy-Up Application.

D Premium Payment Option (For information, see pages 13 & 14 of the New Applicant Guide.)

17. **Third Party Payor Authorization** (see pages 13 & 21 of the New Applicant Guide for instructions and a copy of the required ongoing Premium Payment Authorization form)

The LAWYER'S 2018 insurance premium will be paid by a third party other than another LAWYER or PARALEGAL PARTNER OR SHAREHOLDER in the LAW FIRM, the LAW FIRM itself, or a management or other company of the LAW FIRM: Yes No

If the LAWYER'S 2018 insurance premium will be paid by a third party as described above, the LAWYER agrees to obtain the consent of the third party authorizing the transaction and providing for the use and disclosure of personal information in accordance with privacy legislation that came into effect on January 1, 2004.

18. **Payment option** (Select one only)

Lump sum by cheque

pre-authorized bank account withdrawal (complete #20 below)

credit card (see #19 below)

Quarterly instalments by pre-authorized bank account withdrawal (complete #20 below)

credit card (see #19 below)

Monthly instalments by pre-authorized bank account withdrawal (complete #20 below)

credit card (see #19 below)

19. **Paying by Credit Card:**

For your credit card security, LAWPRO is unable to accept credit card information verbally or in written form. We would ask that you log into your My LAWPRO account at lawpro.ca to enter your credit card details for your POLICY premium.

20. **Pre-authorized Bank Account Withdrawal** Name of bank/trust company/credit union or other financial institution: _____

Name of account holder (Payor): please print: _____

Attach a copy of an unsigned cheque from the account to be debited. Do not sign the cheque but mark void across the face of the cheque.

Attach voided cheque

Premium Payment Authorization (complete only if paying by pre-authorized bank account withdrawal)

The undersigned LAWYER authorizes LAWPRO to withdraw from the account and financial institution indicated on the cheque attached, the appropriate insurance premium (including taxes), based on the payment option indicated above. The undersigned LAWYER understands that LAWPRO does not charge for this service (but the designated financial institution may). The undersigned LAWYER agrees that this authorization will apply for the POLICY PERIOD and all future policy years, without further authorization, so long as the LAWYER so elects. If any changes are to be made to the payment information or instalment payment option, the LAWYER agrees to notify LAWPRO of such changes, in writing, at least ten (10) days prior to any payment date.

The undersigned LAWYER has read and understands all of the terms and conditions listed below.

Terms and conditions

1. The undersigned LAWYER certifies that the information provided in the authorization is correct.
2. The undersigned LAWYER certifies that the bank account is in good standing, with sufficient funds to cover the payments as they become due.
3. All payments will be drawn on Canadian financial institutions only, and will be withdrawn in Canadian funds.

Signature _____ Date (mm/dd/yyyy) ____/____/____

E CLAIM(S) and POTENTIAL CLAIM(S) (For definitions and details see page 15 of the New Applicant Guide)

Other than CLAIM(S) and POTENTIAL CLAIM(S) of which LAWPRO has been notified under the Law Society's insurance program, is the LAWYER aware of any CLAIM(S) or POTENTIAL CLAIM(S) that has (have) been or may be made against him or her directly or indirectly?

Yes No

If "Yes", refer to page 15 of the New Applicant Guide for information on notifying LAWPRO of a CLAIM or POTENTIAL CLAIM.

New calls entering practice for the first time **do not** need to complete Section E.

F Warranty & Signature / This section must be completed by all applicants

The undersigned LAWYER warrants and acknowledges that the information provided with this Application:

- is true and complete, or where estimates are required, that such estimates are reasonable;
- will be relied on by LAWPRO in assessing risk, in offering any terms of insurance and in issuing any policy of insurance; and
- will be the basis of and form part of any resulting insurance policy coverage.

The LAWYER acknowledges having read the **LAWPRO Personal Information Statement for Ontario LAWYERS** (which forms part of this Application). The LAWYER consents to the collection, use and disclosure of personal information in any optional program(s) for which the LAWYER chooses to apply or is to be named as an INSURED in, now or in future policy years, in accordance with that Statement.

The LAWYER acknowledges his or her on-going duty, through to the date of POLICY inception, to advise LAWPRO in writing of any material changes with respect to this Application.

Signature _____ Date (mm/dd/yyyy) ____/____/____

If you have questions in completing this Application, contact the LAWPRO Customer Service Department at 416-598-5899 or 1-800-410-1013, fax 416-599-8341 or 1-800-286-7639 or via email to service@lawpro.ca