

APPLICANT Information

I. Name of present LAWYER/former LAWYER ("APPLICANT")

Law Society # _____

2. Address for future LAWPRO correspondence

No. _____ Street _____

City/Town _____ Province _____ Postal Code _____

c/o (if applicable) _____

Telephone # _____ Fax # _____ Email _____

3. On what date did the APPLICANT last engage in private practice or on what day is the APPLICANT planning to withdraw?

_____/_____/_____(mm/dd/yyyy)

4. Please provide details of the APPLICANT'S employment over the last 10 years, whether in private and/or public practice. (APPLICANTS who have withdrawn from active practice should refer to the last 10 years prior to withdrawing from practice.)

Year(s)	Name of firm/employer	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. How many years did the APPLICANT practise law in Ontario, whether in private and/or public practice? _____ years

Where exact information is not available in questions 6, 7 and 8, please provide your best approximation

6. During the last ten (10) years of private practice, what percentage of the APPLICANT'S practice, on the basis of total gross billings, related to the practice of real estate law?

(Please include a proportionate share of legal-related billings by non-lawyers, if applicable): _____ %

7. During the last ten (10) years of private practice, what percentage of the APPLICANT'S practice, on the basis of total gross billings, related to the practice of criminal law?

(Please include a proportionate share of legal-related billings by non-lawyers, if applicable): _____ %

8. During the last two (2) years of private practice, on average, how many hours per week did the APPLICANT devote to practice?

Please include any time (estimate) for undocketed work. _____ (hours/week)

Option Selection

Please indicate the options that the applicant wishes to apply for by marking the appropriate selection with an "X".

9. Option 1: Coverage Limit Buy-Up

Select one only. (Note: \$250,000 per CLAIM and in the AGGREGATE [not renewed] standard Run-Off Coverage is provided at no charge). Choose one of the following only if applying for increased Run-Off Coverage limit protection, or increased Run-Off protection for services yet to be performed as an estate trustee, a trustee for an *inter vivos* trust, or an attorney for property, as residual work from the LAWYER'S past law practice in Ontario – details must be provided in Question 12.

- Standard \$250,000 per CLAIM/\$250,000 in the AGGREGATE, with Increased Protection for residual work as an estate trustee, a trustee for an *inter vivos* trust, or an attorney for property (do not select this option if Question 12 does not apply to you)**
- standard \$5,000 DEDUCTIBLE applies
- Limit Buy-Up to \$500,000 per CLAIM/\$500,000 in the AGGREGATE**
- standard \$5,000 DEDUCTIBLE applies
- Limit Buy-Up to \$1 million per CLAIM/\$2 million in the AGGREGATE**
- standard \$5,000 DEDUCTIBLE applies

Are you interested in receiving information about Excess Insurance Coverage, which provides coverage above the \$1 million per CLAIM/\$2 million in the AGGREGATE limit amount?

- Yes No

10. Option 2: Coverage Term

Select one only (Note: one-year term is not available.)

- 5-year term 3-year term
- 4-year term 2-year term

11. Option 3: Innocent Partner Exposure – Limit Buy-Up

- Note:**
- Innocent Partner protection is provided as part of the \$250,000 per CLAIM and in the AGGREGATE standard Run-Off Coverage provided at no charge.
 - Innocent Partner protection would not apply in respect of any services yet to be provided by you in your capacity as an estate trustee, a trustee for an *inter vivos* trust, or an attorney for property, as residual work from your former law practice.

Choose one of the following only if the APPLICANT is also applying for additional Innocent Partner protection as part of the increased Run-Off Coverage limit protection:

- Innocent Partner Limit Buy-Up to \$500,000 per CLAIM/\$500,000 AGGREGATE
- Innocent Partner Limit Buy-Up to \$1 million per CLAIM/\$1 million AGGREGATE

12. Option 4: Protection for Residual Work as Estate Trustee, Trustee for *Inter Vivos* Trust, or Attorney for Property

The APPLICANT requests the Increased Coverage of this policy, to the limit selected in **Option 1** on page 3, to apply to certain PROFESSIONAL SERVICES yet to be performed as an estate trustee, a trustee for an *inter vivos* trust, or an attorney for property, as residual work from the APPLICANT’S former practice.

- Yes (please provide details in the space provided on page 5 and 6)
- No (proceed to question #13 – CLAIMS and POTENTIAL CLAIMS)

- Note:**
- This protection is offered to LAWYERS who qualify for retirement or are changing to a non-practising status, and who are named or acting in the capacity of an estate trustee, a trustee for an *inter vivos* trust, or an attorney for property, as residual work from the LAWYER’S former law practice.
 - You must be claiming Exemption (h) under the Law Society of Ontario’s (Law Society) insurance program to request this protection. Please refer to the Rules for Exemption Eligibility for complete details.
 - No protection is provided in respect of trusteeships, estates, or powers of attorney, of family members of the LAWYER. For this purpose, members of the LAWYER’S own family means “related persons” as defined under section 251(2) of the *Income Tax Act* (Canada).
 - No protection is provided in respect of any dishonest, fraudulent, criminal or malicious act or omission of the LAWYER.

In the space below, provide full details as itemized, of the services for which you are seeking protection. Additional details may be provided by way of separate attachment.

With respect to your appointment(s) as Power of Attorney:

Name of client

Approximately when this appointment was first made

Confirmation that the client is not a family member

Nature and purpose of your Power of Attorney

Estimated duration of your Power of Attorney work

With respect to your appointment(s) as *Inter vivos* Trustee:

Name of client

Approximately when this appointment was first made

Confirmation that the client is not a family member

Nature and purpose of the Trust

General description of what the trust property includes (with estimated total dollar value involved or expected to be involved)

Estimated duration of the Trust work

With respect to your appointment(s) as Estate Trustee:

Name of client

Approximately when this appointment was first made

Confirmation that the client is not a family member

Estimated total dollar value of the Estate

Confirmation of the date of the passing of accounts (if any)

Estimated duration of the Estate work

Additional details may be provided by way of separate attachment.

With respect to these services to be provided by you as residual work from your former law practice, have you or will you be providing your client(s), and others likely to rely upon these services, with prompt written notice of changes in your insurance protection (from the standard practice coverage of \$1 million/CLAIM \$2 million/AGGREGATE)?

Yes No

If "No", explain _____

CLAIM(S) and POTENTIAL CLAIM(S)

13. Other than CLAIM(S)* and POTENTIAL CLAIM(S)* of which LAWPRO has been notified under the Law Society's insurance program, is the APPLICANT aware of any CLAIM(S) or POTENTIAL CLAIM(S) that has (have) been or may be made against the LAWYER, directly or indirectly, whether concerning the LAWYER'S own PROFESSIONAL SERVICES or those of others? In responding to this question, it is understood that the APPLICANT has made reasonable inquiry of the LAWYER'S former firm(s), employer(s), partner(s), associate(s), and employee(s).

Yes No If "Yes", attach full details of each such CLAIM(S) or POTENTIAL CLAIM(S).

Note: CLAIM(S) and POTENTIAL CLAIM(S) which have been reported to insurers under other Canadian law society programs should be included by attachment.

***CLAIM(S) and POTENTIAL CLAIM(S)**

For the purposes of this Application:

CLAIM(S) means:

- a written or oral demand for money or services; or
- a written or oral allegation of breach in the rendering or failure to render PROFESSIONAL SERVICES; or
- a written or oral allegation of any DISHONEST, fraudulent, criminal, or malicious act(s) or omission(s) in the rendering or failure to render PROFESSIONAL SERVICES;

received by the INSURED and resulting from a single error, omission or negligent act or RELATED ERROR(S), OMISSION(S) OR NEGLIGENT ACT(S) in the performance of PROFESSIONAL SERVICES, and shall include POTENTIAL CLAIM(S).

POTENTIAL CLAIM(S) means circumstances of any actual or potential error(s), omission(s) or negligent act(s) which any reasonable LAWYER, PARALEGAL or LAW FIRM would expect to subsequently give rise to a CLAIM(S).

Premium Payment Option

14. Third Party Payor Authorization

If the APPLICANT'S insurance premium will be paid by a third party, other than another LAWYER or PARALEGAL PARTNER OR SHAREHOLDER in a former LAW FIRM of the APPLICANT, the former LAW FIRM itself, or a management or other company of the former LAW FIRM, the APPLICANT agrees to obtain the consent of this 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. A third party includes: the spouse of the APPLICANT or the spouse of another LAWYER in a former LAW FIRM of the APPLICANT; a non-lawyer employee of the former LAW FIRM; or any other third party.

Will the APPLICANT'S increased Run-Off Coverage premium be paid by a third party, as described above?

Yes No

15. Instalment Options *(select one only)*

annual instalment
(meaning a single payment each year)

lump sum
(meaning a single payment for the full multi-year term of the policy)

16. Method of Payment

cheque credit card *(see #17 below)* pre-authorized bank account withdrawal *(complete #18 below)*

17. 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 insurance premium.

18. Pre-authorized Bank Account Withdrawal *(complete only if paying premium by pre-authorized bank account withdrawal)*

Name of bank/trust company/credit union or other financial institution _____

Name of account holder "Payor" *(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 premium by pre-authorized bank account withdrawal)*

The undersigned APPLICANT 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 APPLICANT understands that LAWPRO does not charge for this service (but the financial institution may). The undersigned APPLICANT agrees that this authorization will apply for the current and all future policy years, without further authorization, so long as the APPLICANT so elects. If any changes are to be made to the payment information or instalment payment option, the APPLICANT agrees to notify LAWPRO of such changes, in writing, at least ten (10) days prior to any payment date.

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

Terms and conditions

1. The undersigned APPLICANT certifies that the information provided in the authorization is correct.
2. The undersigned APPLICANT 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.

The APPLICANT further acknowledges that LAWPRO may collect and use personal information in connection with this Application (and any Increased Run-Off coverage that is ultimately issued) from public sources external to LAWPRO (e.g. discipline history), and consents to such collection and use provided that it is relevant in LAWPRO's view to the assessment of risk with respect to this Application.

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

Name (print) _____

Authorization, Warranty & Signature

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

1. is true, accurate and complete, or where estimates are required, that such estimates are reasonable;
2. will, in addition to information in LAWPRO's possession now or in the future, be used and relied on by LAWPRO in assessing the risk, in offering any terms of insurance, and in issuing any policy of insurance; and
3. will be the basis of and form part of any resulting increased Run-Off Insurance protection

The APPLICANT acknowledges:

- a) having read the **LAWPRO Personal Information Statement for Ontario LAWYERS and PARALEGALS (LICENSEES)** (which forms part of this Application). The APPLICANT consents to the collection, use and disclosure of personal information, in accordance with that Statement;
- b) that for underwriting purposes, LAWPRO is hereby authorized to collect the LAWYER'S status history from the Law Society and any other law society of a province in which the LAWYER practises or has practised; and
- c) the LAWYER'S ongoing duty, through to the date of inception of increased Run-Off Coverage protection, to advise LAWPRO of any material changes with respect to this Application in writing.

Signature _____ Law Society # _____

Name (print) _____ Date (mm/dd/yyyy) ____/____/____